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ST. J. B. GRAHAM, M. D.,

EDITOR AND PROPRIETOR.

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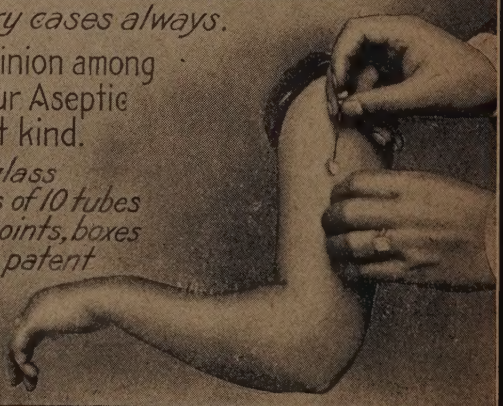

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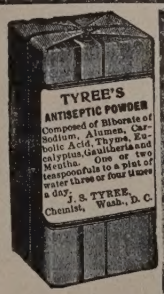
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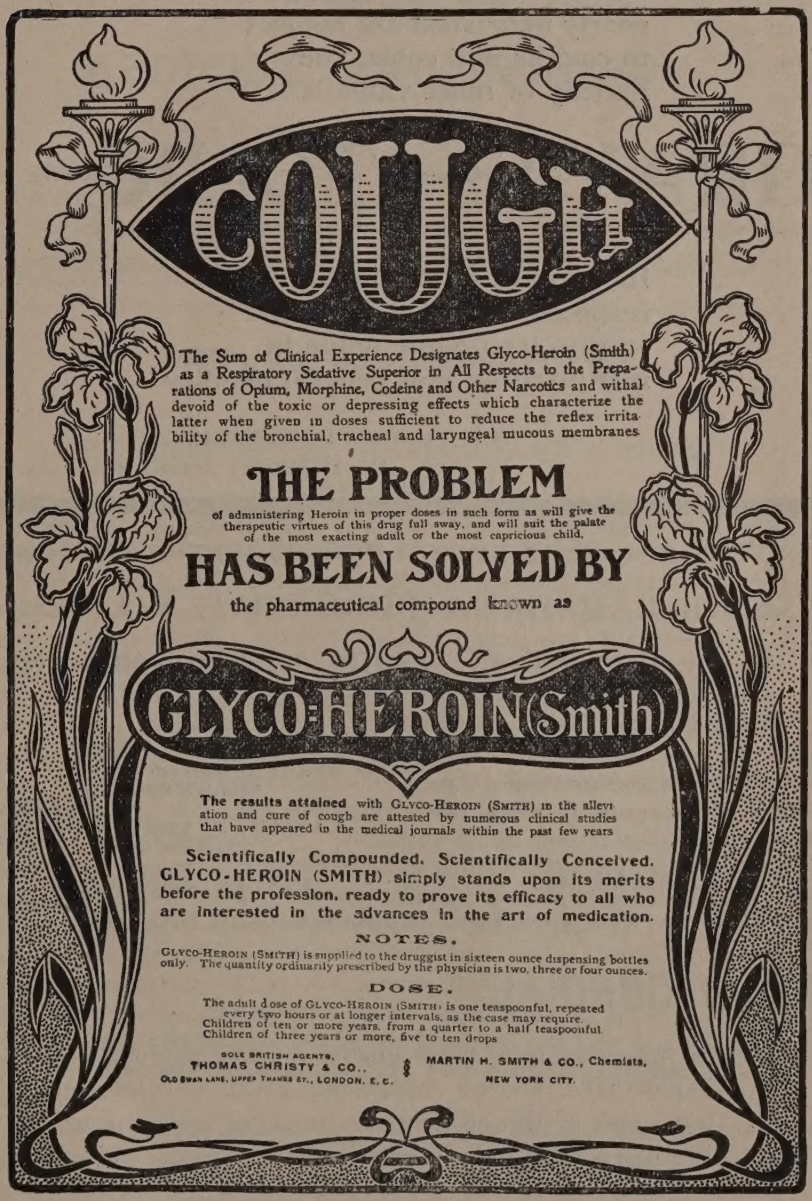
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An era is fast approaching, when no writer will be read and appreciated by the great majority, save and except those who can effect that for bales of manuscript, that the hydrostatic screw performs for bales of Cotton by condensing that matter into a period that before occupied a page.—COLTON.

ORIGINAL COMMUNICATIONS.

THE SUCCESSFUL TREATMENT OF ASTHMA.

BY E. A. BANON, M.D.,

Asthma is a paroxysmal dyspnœa, followed by inflammation of the bronchial mucous membrane ; it is not a disease of the lungs or the bronchial tubes, but rather of the nerves supplying these regions. Asthma is a neurosis of the pneumogastric nerves and their centres; a convulsion at first, confined to the pulmonary branches of the pneumogastric nerves producing a spasmodic contraction or narrowing of the bronchial tubes with the shortness of breath and the bronchitis being merely sequelæ. This disease is frequently inherited; it may be direct inheritance or it may be transmitted as the modification of some other nervous disease such as hysteria, insanity, epilepsy, alcoholism, etc. One child may suffer from migraine, another from asthma, one from epilepsy. Offending substances suspended in the air, like ordinary dust, powdered ipecacuanha, the pollen of grasses and of roses, the odor of certain animals, etc., on being inhaled irritate the sensitive ending of the pneumogastric nerves and provoke spasmodic contraction of the walls of the bronchi. Irritation of the mucous membrane either of the nose, stomach, liver, intestines, uterus, etc., are exciting causes, called nasal, gastric, hepatic, intestinal, or even uterine asthma, as the principal exciting cause may be. Poisoning by alcohol, syphilis, lead and mercury may also produce asthma.

Blanche defines asthma as a bulbous disease, in which attacks are produced by impressive irritations of the vague or peripheral nerves, particularly the trigeminus ; the reflex action manifests itself by successive or simultaneous spasms of all the intrinsic inspiratory muscles, intercostals, scalenæ, trapezii, etc., and by a tetaniform con-

traction of the diaphragm. Blanche thus classifies the disease into three forms: Pneumo-bulbous asthma, essential or nervous asthma, emphysematous or alveolar asthma, catarrhal or bronchitic asthma.

There is no doubt nervous asthma governs all asthmatical pathology of children. A class of asthma in infantile pathology, which holds a place whose importance increases every day as the pathogeny of the affections are better known, is the class of "reflex asthmas" in general; these are the cases in which the bulbous irritation does not leave the broncho-pulmonary filaments of the pneumogastric. The bulb is then impressed by an excitement springing from all the peripheric branches of the vagus, but again from the other nerves—as the trigeminus and the cutaneous nerves—so that nasal asthma, pharyngeal asthma, amygdaline, gastric asthma and cutaneous asthma belong to the category of dyspnœas.

Nasal asthma has only been known a few years. Voltolini, in 1874, published the first facts relating to mucous polypi, determining the approach of transient dyspnœa. Mucous polypi are rare in children; but, on the contrary, adenoid tumors are very frequent and a usual cause of nasal asthma. Hypertrophic rhinitis is also a frequent cause; this may be a primary disease or follow successive attacks of acute coryza, or infectious fevers, as measles and typhoid fever; it may be secondary to another nasal lesion, malformation of the nose, deviating thickness of the partition, foreign bodies, affections of the naso-pharyngeal canal, catarrh and adenoid growth. More than this, this rhinitis is at times connected with diseases which attack the stomach, the intestines, genital apparatus. With such a child predisposed to bulbous irritability, either by a diathesis or heredity, and to nasal erectibility following the preceding lesions, an attack of asthma may be brought on by congestion following cold, by the action of vegetable or animal powders, by the influence of odorous matters, by the contact of a probe on the pituitary gland, by an untimely nasal irrigation, and by remote causes—stomachic, intestinal or genital excitations.

Nuel recognizes in the filaments described by Curschmann, in 1882, an important factor in the causation of bronchial asthma. Believing that these filaments, in the case of the eye, have their origin in a retarded elimination of corneal epithelium, with a tendency to the formation of mucus, and noting a two-per-cent. solution of chloride of ammonium favored this elimination and liquefied the mucus, he believes that the same remedy would benefit the bronchial asthma, and this belief has been confirmed by the marked success attained by other French authorities.

The subject of Acetonic Asthma has been discussed carefully by German writers. Pawinski reports the case of a woman, who, on the day after a night spent in dancing, was attacked by dyspnœa, palpitation, headache, vomiting and great dimness of vision. Examination disclosed some enlargement of the heart, numerous rales

in the lower parts of both lungs, and numerous finely granular casts in the urine. During the first portion of her stay in the hospital there was continual shortness of breath, which, on one occasion, suddenly became so excessive that venesection was performed with great relief. The urine passed shortly before the venesection was found to contain large amounts of acetone. From this time on the condition improved, and acetone was almost or quite absent from the urine until the last day of observation. On this day large amounts were again found, and the patient again suffered from a severe asthmatic attack. During a second sojourn in the hospital there was some degree of dyspnœa, with occasional asthmatic attacks, but acetone could only be found in small amounts. There developed, also, dyschromatopsia and unilateral amblyopia.

Pawinski discusses the possible connection of the asthma with nephritis or hysteria, but concludes that it was in all probability due to an acetonæmia. We are, therefore, justified in speaking of an acetonic asthma, analogous to the acetonic epilepsy of Von Jaksch. The case can, with still greater right, be considered an instance of auto-intoxication, since so large amounts of acetone (1.44 grammes in 100 grammes of urine) were found, yet without the existence of any fever. As is well known, acetone is frequently present in febrile conditions, though in small quantities. He concludes that the ocular symptoms by no means necessarily indicated the presence of hysteria, but, like the asthma, are probably to be referred to acetonæmia. The fact that the patient died in an asthmatic attack some time after returning home is an additional proof of the absence of any hysterical element in her case. The author reviews the possible sources of acetone in the system, and says this that is the first case on record in which such large amounts of acetone have occurred in nephritis. A certain relation was observed between the albumin and acetone, since the more there was of the one present in the urine the less there was of the other. He assumes, therefore, that in this case, at least, the acetone may have been formed out of the albumin.

It is remarkable that a similar relation has been observed between sugar and diacetic acid in diabetes.

Without the inherited proclivity to the disease, probably no degree of irritation in any of these organs would have the power of producing asthma. Diseases of all these organs which are supplied by the pneumogastric nerves are most liable to excite an attack, and as in epilepsy, there is a nerve-structure of abnormal instability thrown out of balance easily. Familiar symptoms of asthma include a sudden sense of constriction and oppression of the chest, marked dyspnœa, a short, dry, wheezy cough, a proneness to occur in the early hours of the morning, a compulsory sitting or standing posture of the patient, fear of moving, utter misery, with sudden transformation into apparently health so soon as relieved from the attack.

The indications for the relief of asthma must be applied to the nervous system (1) towards relieving the attack, and (2) towards preventing its return. For the former purpose atropine, morphine, chloroform, lobelia, stramonium, chloral, the nitrites, nux vomica, pilocarpine, etc., have been tried, while various therapeutic measures have been employed to prevent its return. Remember that the attack is simply the manifestation of a deep-seated trouble, and that nothing will be of use for a cure unless it removes the primary cause of the outbreak. Hence the abnormal causal connection which exists between other organs and asthma must be removed; the influence of specific poisons must be removed, and the irritation in the lungs must be calmed. A general lowering of the nerve tone of the body is very frequently as responsible for asthma, and that by invigorating the nervous system, the asthma will be cured.

Heitler has related his success in the inhalation of oxygen in a case of cardiac asthma, dependent upon atheroma of the aorta. Treatment by morphine and ether injections not being satisfactory, with likewise a failure after administration of large quantities of alcohol, it was found that oxygen afforded relief. If there is, however, pulmonary œdema, ether injections are necessary.

In a paper on the result of treatment of the upper air passages in producing permanent relief in asthma, Bosworth has reiterated his great confidence in intra-nasal treatment as promising relief both more immediate and more permanent than any other method yet suggested. At the same time he recognizes a neuritic habit as a factor equally prominent with nasal obstruction, and insists upon the importance of suitable hygienic and medicinal measures in addition to the topical treatment.

We are often astonished to find asthmas disappear under the strangest circumstances, such as moving the sufferer only a short distance from the place in which he was attacked, which will sometimes give instantaneous relief, while a lady, who had almost persistent attacks of asthma, claimed that she was always free so long as she remained in a moving railroad car. In the first case, probably, it was a removal of the body from the influence of the exciting cause, while in the second it was possibly the vibrations which were imparted to the body by the moving car, and which had, perhaps, an action similar to the beneficial influence which electricity is known to exert on some of these cases.

Of the various remedies, such as strychnine, atropine, antipyrin, phenacetin, quinine, the hypophosphites, and cod-liver oil, I consider strychnine to be the most valuable and reliable. I have derived more prompt results from this than from any other drug; I administer the strychnine usually in combination with atropine, hypodermically, if possible, daily or every other day, until physiological effects of the former drug are beginning to show themselves. Beginning with one-fiftieth of a grain of strychnine and one-hundred-

and-fiftieth of a grain of atropine, gradually I increase the former to one-twenty-fifth or one-twentieth of a grain, and the latter drug to one-hundredth of a grain. Then, as I make a thorough impression on the asthma, these alkaloids are employed at longer intervals and finally abandoned hypodermically, and given by the mouth in fair-sized amounts. Phenacetin, phenalgin or antipyrin, as well as the hypophosphites, may be given advantageously. The hypophosphites are of special benefit as a long continued tonic.

I will report several cases as illustrating details I wish to bring out. This man was 56 when seen first; there was a history of asthma for twenty-five years, and daily attacks during the last eight years. There was constant dyspnœa and cough; while he was unable to lie down to sleep for five years, but spent nearly all his time sitting propped up in a chair. His appetite was good, bowels irregular, and his stools uncertain in character. His urine was albuminous. His legs and abdomen were swollen so that he was unable to wear his former clothes. The dropsical serum oozed through the skin below the knees so that his drawers and socks became thoroughly saturated. There was no dullness over either lung, but marked blowing inspiration existed in the right apex, and mucous and sibilant rales abounded over the whole chest. His mother, one brother and a sister died of asthma. Strychnine and atropine were given at first once a day, and afterwards every other day. For the dropsical effusion and constipation I gave doses of magnesium sulphate with every other evening with five-grain doses of sodium phosphate. He also received seven and a half grains of phenacetin, one grain of powdered digitalis leaves, and one grain of quinine every four hours. The asthma speedily ceased and the albumin soon disappeared, while the urine increased in quantity and the bowels became regular. He was soon able to lie down a whole night and sleep, taking cod-liver oil, increased in weight, and soon became practically a well man, and at last accounts was still in good shape.

The next patient is a woman 30 years old, who had been asthmatic since the age of 16. Three and a half years ago her asthmatic attacks became aggravated, her cough worse, expectoration more profuse, with occasional hæmoptysis. Losing flesh, she became unable to leave her bed for the last two years of her sickness, and during the latter time she suffered with daily paroxysms of chills, fever and sweats; all this time she was asthmatic. Her appetite, as a rule, had been good; she had constipation, which alternated with diarrhœa. Her menses were very irregular and scanty. There was no dullness over her chest, but there were mucous and sibilant rales over the whole chest. On strychnine, quinine and the hypophites I can report she is a well woman at her last report.

The next case which I report is that again of a woman whose age is 30. Here the stomach was the chief exciting cause; she had the history of asthma for five years, during the last four years growing

worse. Potatoes or cold drinks, or over eating or too rapid eating, would at once bring on an asthmatic paroxysm. There is no history of asthma in her family, and she was placed on strychnine and atropine injections every day at first and afterwards every other day. The dose of the former was gradually increased to one-eighteenth of a grain, while I gave her for the gastric derangement six grains each of bismuth subnitrate and of pepsin before each meal. It is frequently more difficult to treat asthma successfully in the female than in the male. Yet these attacks ceased, almost entirely, in the course of four months, and, she is free from the disease, excepting slight attacks at her menstruation times. The hypophosphites, in connection with strychnine, have done her worlds of good.

Success depends on the sensible use of remedies, and in order that the agents here recommended may be so applied, and that not too much may be expected from any one of them, remember the following principles: By virtue of their affinity for the respiratory nerve supply, and for the reason that they act directly only as physical stimulants to this tissue, strychnine and atropine merely render temporary, though invaluable, assistance in the treatment of this disease. They effectually buoy and elevate the tone of the respiratory nerves, I maintained this by agents which supply material for the permanent building up of these tissues, such as the hypophosphites, cod-liver oil, and food. The hypophosphites generally do better work in this respect than cod-liver oil, and although strychnine is a physical stimulant, it increases the therapeutic efficacy of the hypophosphites. Quinine, antipyrin and phenacetin act as general stimulants to the nervous system, while in all cases investigate the state of the nose, throat, skin, stomach and intestines.

Many things have been tried, such as fumigation by belladonna cigarettes, henbane, or the leaves of datura, stramonium, nitre paper, inhalations of oxygen, or ioduret of ethyl, but in many cases the hypodermic exhibition of morphine will be required to produce even momentary relief.

In a general way, opium ought to be be very prudently used with children; belladonna is much safer and can be used longer. Bretonneau and Guersant mix one centigramme of the extract to one centigramme of the powder of belladonna, giving this each day and continuing for some time. The tincture of lobelia inflata may be given in a dose gradually raised from 20 to 100 drops.

Moncorvo remarks that the endurance of children for the treatment permits him to raise the dose 10 and 12 grammes in twenty-four hours. Blanche has obtained excellent results from tincture of grindelia robusta, which he gives to children in doses of from 15 to 60 drops. Inhalations of vapor of pyridine, advised by M. See, have helped Blanche to lesson the force of the attack. According to Laborde and Daudrie, this substance lessons excito-motor force, dilates peripheral vessels, and has a paralyzing action on the vaso-

constrictor nerves; hence it increases the fulness of respiration, at the same time the respiratory movements regulate themselves and diminish in frequency.

The curative treatment of asthma limits itself to the almost exclusive use of iodine, particularly the iodine of potassium. The anti-dyspnœic effects of this agent on the brain, and particularly on the bulb, are certain; Binz states that it paralyzes the nervous functions and produces narcotism; in every case it moderates the exciting power of the vital centre and regulates the distribution of the nervous influx.

Asthmatics presenting hyperæmia of the nasal mucous membrane are more easily affected with iodism. In cutaneous asthma iodine may also be contraindicated as aggravating the skin condition. At times the emaciation and loss of strength make it necessary to interrupt the treatment. Pyridine by aspiration, tincture of grindelia, arsenic and ærothapy by compressed air are, then, the only means which remain at the disposition of the practitioner. The iodine treatment is applicable to non-diathetic asthma; it is contraindicated when the disease has a telluric or hereditary origin—for example, in the arthritic or gouty—a medication favoring incomplete nutrition or modifying the morbid secretions will be indicated. Asthmatics, tainted with malaria, will require quinine in combination with iodide of potassium.

Lobelia, stramonium and tobacco, which are capable of checking the disease by depressing the pulmonary nerve-supply to the verge of narcotism, in doing which they often accomplish more injury than good by disturbing the function of the stomach. Asthmatics, using these agents, report that they are enabled to control the attacks by maintaining a state of almost constant nausea. The nitrites are also open to objections of the same sort. While these agents do not produce the same profound central narcotism, they exert a similar paralyzing influence on the peripheral nerve supply of the lungs, and so long as this is kept up the asthma, at least in some cases, is held in abeyance. In very many instances they signally fail to bring the expected relief. That which is true of the nitrites is also true of pilocarpine. In some cases this drug exerts a decided amelioration so long as its influence is maintained, and there is reason to believe that this effect is brought about in the same way as the nitrites. Remember that under no circumstance does spasm exist from any undue supply of nerve tone to the bronchial muscles, but rather to a perverted or depressed state of the pulmonary nerve supply, both central and peripheral, and a consequent loss of respiratory co-ordination.

Drugs, like tobacco, stramonium, lobelia, nitroglycerin, morphine, pilocarpine, etc., with the power of narcotizing or paralyzing the nerves, which incite the bronchial spasm, may also relieve the latter; but the nerves already impaired are weakened still further by such

a temporary procedure. Elevate the tone and increase the normal resistance of the pulmonary nerves. This therapeutic indication is amply supplied by strychnine, which, on account of elective affinity for the respiratory centre, stimulates and invigorates these structures.

At a meeting of the Obstetrical Society of Philadelphia, the President, Dr. John M. Fisher, in the chair, the following papers were read, with discussions thereon:

FIBROMA OF THE OVARY ASSOCIATED WITH ASCITES.*

BY THEODORE A. ERCK, M.D.,

Associate in Gynecology, Philadelphia Polyclinic; Assistant Surgeon to the Gynecean Hospital; Gynecologist to the Frederick Douglass Memorial Hospital.

The case reported is a married woman 24 years of age. Has been married five years and has one child four years of age. About a year or so ago the patient noticed that the menstrual periods were irregular as to the time of their appearance and the flow scant. In May, 1901, an abdominal enlargement was noticed, and although the menstrual periods were regular, the amount of blood lost had become so small that she imagined she was pregnant. Examination revealed the abdomen greatly distended with free fluid, though the walls were not tense. A hard nodular mass about the size of a cocoanut occupied the hypogastrium, which by combined examination was found to be freely movable and not connected with the uterus. Laparotomy was performed. Several gallons of a clear straw-colored fluid were evacuated from the abdominal cavity and both ovaries removed. The pathologist pronounced the growth which involved the right ovary as a fibroma, and the opposite ovary sclerotic and cystic. The patient made an uninterrupted recovery. It seems more likely that the ascites is due to something intrinsic in ovarian growths, perhaps a secretion. Some of the literature of the subject is detailed.

Dr. Richard A. Cleemann: The specimens I exhibit loaned from the Mütter Museum are not different in appearance from that shown by Dr. Erck. They are smaller than when removed on account of the contraction caused by the preserving fluid. One represents a tumor of the left ovary, and the other, of the right. They were taken after death from a patient, a single woman, a school teacher 65 years of age. When about 60 years of age, in robust health, she noticed a progressive enlargement of the abdomen, unaccompanied by pain or other symptoms. An examination made some months subsequently revealed several apparently distinct tumors floating above the brim of the pelvis in ascitic fluid. There seemed more than two, owing doubtless to their irregular surface. Vaginal

*Author's abstract.

examination showed the whole roof of the pelvis irregular to the touch and of strong hardness. The late Dr. Girvin saw the case with me, and agreed from the condition of the pelvic tissues above described that the accompanying ascites that the growths were probably malignant; therefore, no operation was advised. About a year after the above examination she was tapped for the first time, when about 63 pints of fluid were taken away. In the next three years, before she succumbed from exhaustion, she was tapped about thirty times, altogether 1,483 pints of fluid being removed. The pedicles were found at the autopsy to be very long and at their base or in the situation of the broad ligaments sessile masses were felt, which appeared to be of the same nature as the diseased ovaries; these were not removed. Microscopical examination of the tumor shows it to be a pure fibroma with no suggestion of cancer.

Dr. E. E. Montgomery: I have been greatly interested in the paper of Dr. Erck and the exhibition of specimens made by Dr. Cleemann. My own experience is similar to that of the writer of the paper and others whom he quotes as to the frequency of ascites in such growths. It is a matter of considerable importance to determine why ascites should be associated with one such growth and absent from another. It has occurred to me that it may be explained in two ways: First, the pressure of the growth, a solid tumor may be such as to interfere with the venous circulation, while the arterial is unimpaired, and in this way serous exudation is a natural result, just as it occurs in a moderate portion of the pedicle of a cyst. The more probable explanation is, that it is due to degenerative processes in the growth itself. In the description of the pathology of this growth, the writer mentions that the vessels were very small, fine and infrequent, showing that the complete nutrition of the growth was probably impaired and the degenerative processes resulting are made evident in the irritation of the peritoneum. We know how quickly the peritoneum affords serous effusion in cysts whose circulation is impaired by torsion of the pedicle. An ascites is very marked where this torsion has led to the necrosis of the growth. This same explanation is applicable to malignant growths. As the growth increases in size from proliferation of the cells vessels are compressed, the circulation is impaired and serous exudation of the peritoneal cavity results. The case described by Dr. Cleemann illustrates the wisdom of employing button-hole incision for the relief of large accumulations when associated with abdominal growths in preference to paracentesis. An incision sufficiently large to permit introduction of the finger is not attended with any greater danger than the use of the trocar, and does throw additional light upon the disorder present and enables the operator to determine the possibility of a radical operation.

Dr. John C. DaCosta: Pure fibroma of the ovary are very rare. The growths are more apt to be fibro-sarcoma. When we have fibro-

sarcoma we know we are more apt to have ascites. I agree with Dr. Montgomery that in a case like that of Dr. Cleemann, the proper way to tap is with the knife, making an incision sufficient for the introduction of a finger to examine for a growth so that if any is found it can be removed. Ths amount of fluid (1,483 pints) removed shows the tremendous strain to which the woman was subjected during treatment. In the last number of the Transactions of the American Gynecological Society the question of fibroma of the ovary was fully discussed, with the universal consensus of opinion as to their rarity.

Dr. F. Hurst Maier: Why hydroperitoneum exists in many cases of fibroma of the ovary is still a mooted question. As Dr. Erck said, not much light has been thrown upon it. It is hard to explain why fibroma of the ovary, equal in size to those of the uterus, analagous in position, and with other conditions absolutely identical, should in the one case give rise to hydroperitoneum, while in the other it does not. I assisted Professor Montgomery in an operation this summer, in which there was an exceedingly large fibroma of the ovary. Approximately, its diameters were 12 by 9 or 10 inches. In outline it was irregularly modulated. One part was infiltrated with blood as if there had been a partial interference with the circulation. A definite twist of the entire pedicle was not present. In this case the fibroma was of a character in which ascites might be expected, yet there was none. The growth was pedunculated, and in connection there was a smaller fibroma of the uterus.

Dr. John M. Fisher: The interesting point in connection with the discussion is the fact of Dr. Cleemann's case having fibroma of both ovaries. I do not recall having read of a case of fibroma in both ovaries. Dr. Kelly in his Operative Gynecology says that fibroma of the ovaries cause ascites because of their extrordinary mobility, giving rise to irritation of the peritoneum. Since in Dr. Montgomery's case the tumor had a very broad base, probably it was not as movable as these growths usually are. Another question, was there a microscopical examination made of the specimen? I judge from its extraordinary size it may have been a fibro-sarcoma. Ascites may occur in connection with pedunculated fibromas of the uterus but rarely when the tumors are sessile.

Dr. Cleemann closes: It is true that it is very rare to have this fibromatous degeneration in both ovaries, but there are, I believe, two specimens at least in the London museum in which both ovaries show this condition.

Dr. Erck closes: I have nothing to add except that the theory that the ascites is due to mechanical causes does not appeal to me. All who operate frequently see many pedunculated fibromas of the uterus, freely movable, yet they do not recall a case in which there was much ascites. In a general way it is important to remember the fact, mentioned by Dr. Osler, that when we have ascites we should not forget to look for pelvic tumors in addition to the other causes.

HYDROPA TUBÆ PROFLUENS.*

BY F. HURST MAIER,

Instructor of Gynecology, Jefferson Medical College; Assistant Gynecologist to St. Joseph's Hospital.

Two cases of *hydropa tubæ profluens* are reported, illustrative of the changes found in that condition. The first, a nullipara, had been treated ten years for a mucopurulent discharge. There was a bilateral pelvic pain, aggravated during menstruation, and about two weeks preceding the menstrual period there occurred "gushes" of a tea-colored fluid. Examination disclosed a tense elastic cyst. A diagnosis of hydropa tubæ profluens was made, and subsequently confirmed upon operation. The second patient presented similar features, the tumor disappearing in this case after the periodical "gushes." In discussing the pathology the writer calls attention to the cause of obstruction in hydropa tubæ profluens, as compared to occlusion and obliterations from inflammatory processes, explaining the mechanism of each. The differential diagnosis, the present status of the condition among gynecologists, and the literature on the subject, are fully considered.

Dr. Charles P. Noble: I have but little to say in discussion of this paper, because I never saw such a case. I think the condition must be quite rare, otherwise, in a fairly large experience, I should have seen one. I have frequently seen patients who would have profuse discharges from the vagina who had hydrosalpinx, but I never was able to say that the discharge came from the tube, because in the cases in my own experience I never found upon examination that the tube had decreased in size. I am satisfied, as indicated by the writer of the paper, that the mere fact that the patient has a hydrosalpinx and has a profuse watery discharge does not constitute a diagnosis of hydropa tubæ profluens, because frequently the water comes from the uterus and not from the tube. From my own observations on the negative side I am quite sure that the author's statement that these cases are rare is true, because as a rule the uterine end of the tube is so well occluded that the contents do not escape. I think that discharge of the tubal contents through the uterus is exceedingly rare.

Dr. A. J. Downes: In December, 1900, I read a paper before this Society entitled "Left Lumbar Nephro-Fixation and Abdominal Myomectomy in One Sitting, with Report of Case." In this case the symptoms of hydropa tubæ profluens were present. The clinical symptoms as classically described by Dr. Maier in his paper this evening were all present. The cause in my case was a small fibroid at the right uterine cornua intermittently closing the uterine end of the tube. The illustration accompanying my paper distinctly showed the condition. The specific diagnosis of the tubal condition was not

* Author's abstract.

made before operation, but the condition and its cause plainly described after it. I must admit that the technical name, hydropa tubæ profluens, was at that time not familiar to me, or I would have used it, and my case would not have escaped the careful search of Dr. Maier.

Dr. E. E. Montgomery: The case cited in the paper by Dr. Maier recalls to my mind a patient in whom I saw a considerable-sized sac to one side of the uterus, and later, when I operated upon the patient without re-examination, I was much discomforted to find the sac had largely disappeared. Investigation, however, showed a rather relaxed or distended tube on the corresponding side. The interrogation of the patient subsequently revealed that there had been a profuse discharge from the vagina, which had undoubtedly been the channel through which the tumor had disappeared. It illustrates how readily one physician might examine a patient and advise operation, when later, after a discharge of this kind, examination by another physician would fail to discover any growth, when the second physician, if he did not keep in mind the possibility of these growths filling and emptying, might assert that the previous examiner was either ignorant or a knave.

Dr. R. A. Cleemann: I had a patient, the widow of a physician, who had a large tumor or what appeared to be a tumor, which disappeared after a very profuse flow from the vagina. A diagnosis was made of tubo-ovarian cyst. The tumor reappeared and never disappeared again with the recurrence of a discharge. The patient would not submit to operation. She was tapped two or three times. That the condition was a multilocular cyst was evident from the fact that it had to be tapped in several places to give relief. It was a curious thing that the cyst discharged once in this way and not again.

Dr. Maier closes: I do not think that profluent hydrosalpinx is quite so rare a condition as one would infer from the small number of cases found in the literature. Many cases are undoubtedly overlooked by the failure of the physician to make repeated examinations. In one of my cases I am sure I would have failed to notice this feature if the patient had consented to early operation. As it was, I had the opportunity to observe the alternate appearance and disappearance of the tumor throughout the better part of a year.

In reply to Dr. Cleemann's question, it has been found that the tubes at times fail to refill, and changes in the structure follow, which bring about a clinical cure. An illustration of this is found in the case quoted by Dr. Montgomery.

CLINICAL HISTORY.

THE SIGNIFICANCE OF THE TEMPERATURE IN THE DIAGNOSIS OF EXTRAUTERINE PREGNANCY DURING THE PERIOD OF COLLAPSE FROM HEMORRHAGE.

BY CHARLES P. NOBLE, M.D.

The following case was of special interest to me because of a doubtful diagnosis, and is reported to elicit discussion upon the point as to the value to be attached to a rise of temperature in a patient in collapse in deciding for or against a diagnosis of extrauterine pregnancy with rupture.

After reaction from collapse or faintness due to hemorrhage from ectopic pregnancy a rise of temperature is quite common, and is due to plastic peritonitis, which is a part of the process of walling off the blood clots from the general peritoneal cavity. With a history suggestive of ectopic pregnancy and a mass in Douglass' pouch, the presence or absence of a rise in temperature would not at all throw doubt upon a diagnosis of ectopic pregnancy with rupture. On the other hand, in all cases coming under observation, in which the patient was seen during primary collapse from hemorrhage, there was a subnormal temperature. This fact caused a question as to the diagnosis of the following case:

Mrs. R., aged 34, has had two children and one miscarriage. She menstruated regularly and normally March 21, 1902. She missed the April period. A pelvic examination made about the middle of May by Dr. William E. Parke led him to think that uterine pregnancy existed. At that time there were no lateral masses felt. May 25th, about noon, after active exertion, the patient was seized with severe epigastric pain, faintness and vomiting. The pain and faintness continued throughout the day. A neighboring physician who was called in made a diagnosis of acute indigestion and prescribed an anodyne. Dr. Parke saw her at 11.30 p. m. She was then pale with a pulse of 120, the skin cool, the mind clear and the abdomen distended, with tense abdominal walls. The vaginal examination was unsatisfactory, but no lateral masses were made out. I saw the patient in consultation about 1 a. m, when the condition was as described. The pelvic examination disclosed nothing abnormal, but was unsatisfactory because the patient was stout and the abdomen so distended that bimanual palpation was impracticable. The absence of menstruation, the appearance of the patient, the condition of the pulse and the persistence of faintness, were suggestive of hemorrhage from extrauterine pregnancy. On the other hand, no clots or fullness could be felt in Douglass' pouch, the pain had been epigastric in location, and the vaginal temperature was 100° F.

Hypodermic stimulation and hypodermoclysis were advised to promote reaction, and it was felt that if reaction were not prompt a diagnosis of hemorrhage would be rendered more certain. The patient was left, with the understanding that if reaction was not prompt and satisfactory she was to be transferred to the Kensington Hospital for

Women for operation. This was done the following morning, when the abdomen was promptly opened and found full of fluid and clotted blood due to ectopic pregnancy. The patient was so prostrated for some days that the outcome was in doubt, but she made a good recovery.

The case is reported as showing that a rise of temperature a few hours after the onset of symptoms of hemorrhage from ectopic pregnancy does not exclude a diagnosis of collapse from hemorrhage.

BILATERAL TUBERCULAR SALPANGITIS.

Dr. E. E. Montgomery : The case recounted by Dr. Noble leads me to feel that one which recently came under my own observation presents sufficient interest from a diagnostic standpoint to be worthy of your consideration. She was a young woman, 20 years of age, employed in a department store, where she received the munificent salary of four dollars a week, upon which to support her mother and several sisters. She had not menstruated for two years. She had recently been taken with a severe attack, attended with considerable pain, and was sent to the Pennsylvania Hospital, where operation was advised. To this, however, she would not consent, and returned to her home, when I was asked to see her. I found a mass upon the left side, extending nearly to the umbilicus, which was very sharply defined A second mass could be felt on the right side in front, but lower down in the pelvis. An attempt was made to explore the vagina, but its orifice was found guarded by an unruptured hymen. The age of the patient, the manner of life, the absence of menstruation for two years, and her general appearance, made me believe that we had to deal with a case of tubercular disease of the tubes, and I advised immediate operation. She was sent to St. Joseph's Hospital. As soon as the abdomen was opened there was evident free blood in the peritoneal cavity. I turned out the mass on the left side, which was the size of a large sweet potato, five inches in length, two inches in diameter, involved the tube and ovary, and was imbedded in a mass of clotted blood. My first view of this almost made me feel that there had been a rupture of an ectopic gestation. Upon examination, however, I found the pedicle was twisted, immediately in contact with the uterus, thus cutting off the blood supply, which had undoubtedly at first been gradual, so that the tumor had been filled with blood which could not return to the veins. The other tube was equal in size but was free from blood, excepting one small clot on its inner margin. Both tubes were subsequently found to contain pus, that on the left was mixed with blood. The right was clear pus. Examination failed to reveal the presence of tubercle bacillus. I am inclined from her history, however, to attribute the cause to tuberculosis. The twisting of the pedicle was undoubtedly the cause of the hemorrhage· I have seen cases similar to the one recounted by Dr. Noble, in which there is an elevation of temperature during the primary collapse immediately following hemorrhage.

It occurred to me while the Doctor was speaking that if he believed this case to be one of hemorrhage and collapse from it, that a hypodermoclysis and stimulation of the heart by hypodermic injections of strychnine would not be proper treatment. I would feel it was wise to elevate the part from which the hemorrhage was occurring, and apply cold, and not endeavor to increase the heart action, so that clotting might be encouraged to take place in the bleeding vessel.

Dr. Maier: I saw Dr. Montgomery's specimens, and the one with the twisted pedicle was certainly the oddest pyrosalpinx that I have ever seen. The blood had infiltrated the walls of the tube, the mesosalpinx and the ovary, enlarging them to three times their natural size. In color they were as black as coal.

In reference to Dr. Noble's case, I would like to ask if it were not possible to have a slight rupture, a forerunner of the subsequent condition, occur a few days in advance, and thus give rise to sufficient irritation to produce a febrile reaction?

Dr. L. J. Hammond: I would like to ask Dr. Montgomery whether there was any other evidence of tubercular condition in the mesenteric glands or over the viscera. We would expect to find some present where so extensive involvement of the uterine appendages existed as in this case.

Dr. Montgomery: There were no evidences of the tubercular condition such as Dr. Hammond mentioned.

Dr. J. M. Fisher: The point that Dr. Noble pointed out in connection with the want of any mass in the pelvis recalls to my mind a young negress brought to the Philadelphia Hospital, giving the characteristic history of a ruptured tubal pregnancy 10 or 12 days previously. There was no doubt in my mind but that she had had a tubal pregnancy, and that tubal abortion or rupture had taken place, but nothing could be felt in the pelvis indicating the presence of blood clot and the uterus was freely movable. The abdomen was opened, and it was found that while there was no blood en masse every portion of the visceral peritoneum was more or less covered by a black tarry material, representing the residue of corpuscular blood elements due to the distribution of the blood by the capillary planes of the intestines.

Dr. Noble closes; I am very much pleased to hear that Dr. Montgomery has also seen a case of rise of temperature during the primary collapse from hemorrhage. Of course, we have all of us seen rise of temperature in ectopic pregnancy some hours or days, particularly days, after the hemorrhage, which came from febrile reaction concerning the encapsulated blood slots, but this is my only personal experience in seeing rise of temperature a few hours after hemorrhage. The point raised by Dr. Montgomery, of course, is an interesting one. In this particular case the patient was so reduced apparently, that unless some reaction were secured she could not have lived long enough for us to do anything.

Dr. Fisher: Do you always wait for reaction to take place before deciding to operate?

Dr. Noble (continuing): In this case I would have had the patient removed to the hospital at once but for the temperature which I felt threw doubt on the diagnosis of hemorrhage. My instructions were if she did not react well she was to go to the hospital. I used the stimulation partly as a means of diagnosis. If the collapse was not from hemorrhage she should have reacted well. In this case the abdomen was found full of free blood. The patient was so reduced that she barely recovered.

The case reported by Dr. Montgomery brings up several cases to my own mind in which the intact hymen plays a role in diagnosis. One case was that of a young woman brought to me for hemorrhage from the uterus, in which there was an intact hymen and the vagina was so small that it was with difficulty that one finger could be introduced, yet when the uterus was curetted it was perfectly evident that there was placenta present. In one other case of intact hymen the cause of gonorrhœal vaginitis was imperfect sexual intercourse. In the one case there was pregnancy from semen deposited on the vulva; in the other there was gonorrhœal infection contracted in the same way.

In regard to the point raised by Dr. Maier concerning fever from blood lost some days before, there were no symptoms, except for a few hours before the collapse. Had there been hemorrhage a few days before the blood clots could have been noticeable in Douglas' pouch upon examination.

Exhibition of Specimens.—Dr. Theodore A. Erck exhibited a specimen of a fibroid developing in the posterior wall of the cervix. The ovaries had been removed eight years previously.

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THE WHITE PLAGUE.

The extent to which the State should provide hospitals for the treatment of the sick is a question to be considered from several points of view. It is not probable that any one will insist that it is the duty of the State to provide institutions for the care of all sick persons. Legislation has provided for the isolation and care of persons suffering from certain diseases. The State has also made provision for the care and treatment of the insane, the feeble-minded, and other unfortunates, all of which is to be commended; but as yet our State has in no way taken any legislative action toward the prevention, control or cure of the one great communicable disease which destroyed more lives than any other and which is amenable to control to a very high degree.

Several States and some countries have already recognized their duty in this direction, and have inaugurated proper methods of control, so that to-day the consensus of opinion of the highest medical and sanitary authorities, who have given this subject much study, is that it is a duty incumbent upon the State to provide for the care of its consumptives.

The several congresses on tuberculosis that have been held during the past three or four years have distinctly emphasized this point. At the British Congress on Tuberculosis, in addition to papers and arguments advocating sanatoria, the following resolution was passed:

"That the provision of sanatoria is an indispensable part of the means necessary for the diminution of consumption."

At the American Congress on Tuberculosis, held in New York in June, 1902, a similar resolution was adopted.

At the Berlin Congress on Tuberculosis, held in October, 1902, the same views were expressed, and the construction of sanatoria by state and municipal authorities emphatically urged.

At the annual meeting of the Conference of State and Provincial Boards of Health of North America, the membership of which comprises the highest sanitary authorities of Canada, Mexico, the United States and Cuba, held at New Haven, in October, 1902, the following resolutions were adopted:

"That the proper care of the tuberculous be urged upon state and municipal authorities, and that the construction of sanatoria and isolation hospitals be insisted upon.

"That it is the duty of the state and municipalities, singly or jointly, to provide for the proper sanitary care of all tuberculous individuals, either at their homes or at hospitals and sanatoria.

"That the various states and provinces here represented place themselves on record as urging the necessity of the establishment and proper maintenance of state and municipal institutions for the care of the tuberculous."

Similar action has been taken by many other organizations, reference to which we deem unnecessary, as the opinions expressed by all are of the same purport, to-wit, that states and municipalities should provide for the treatment of the tuberculous.

At the American Congress on Tuberculosis just referred to, Dr. C. O. Probst, secretary Ohio State Board of Health, presented a valuable paper on "What Aid Should be Expected from the State in the Cure and Prevention of Tuberculosis?" in which he said:

"It is a well settled policy of the state that it is bound to provide and enforce measures for the restriction of such diseases as yellow fever, cholera, smallpox, diphtheria, etc. It goes farther and removes unsanitary and other conditions that favor the development of such diseases. In enforcing vaccination it goes far beyond this, and compels the individual to remove a natural susceptibility to one of the dangerous contagious diseases. While the same measures are not wholly applicable in tuberculosis, we have convincing evidence that certain other preventive measures would largely check its spread.

"Hospitals are erected and maintained by the state for the cure of the insane, the epileptic, the feeble-minded, the inebriate? Are these citizens more valuable to the state than her curable tuberculosis children?

"The state protects her citizens against adulterated and unwholesome food; against dangers incident to certain occupations; against loss of life and limb. There is abundant precedent in all times for the exercise of the state's protecting hand in these and other matters

concerning the physical well being of her subjects. What higher function can the state have? The people and the soil are her real capital. Destroy every vestige of man-created wealth, and in a few years a vigorous, educated people will replace it. No amount of wealth can save from final destruction a diseased, enfeebled race.

"Tuberculosis is in the front rank as a destroyer of man, and should be of special concern to the state. Its victims are mostly of the active working age. A large number of these who have been raised have been educated at an enormous expense to the age when they would pay it all back, and more die each year; and very largely because the state has failed in protecting her own. And how many paupers, criminals, drunkards and prostitutes are created from children bereft of father and mother by the arch destroyer!"

The last published report of the State Board of Health of Minnesota, in referring to state sanatoria, which subject has received much study in that state, in discussing the matter says: "State sanatoria should be established and maintained, partially at least, by state appropriation. Part of the expense of patients might be borne by the individuals cared for or by their friends, or by the city or district from whence they came. As a matter of fact those who have the care of the poor resting upon them (municipality or county) have already to care for many poor consumptives, in almshouses or other institutions, and the cost of such, now largely wasted by unintelligent methods, would go far towards the proper equipment and maintenance of a well regulated sanatorium."

Dr. Vincent Y. Bowditch, an eminent authority, in an address on the care of consumptives, said: "I have spoken thus far only of sanatoria for the treatment of incipient cases with the hope of arresting the progress of disease and enabling patients to become useful members of society again. Such institutions should be established by the state and should be located away from the cities in properly selected regions where good drainage and pure air can be obtained."

The Governor of Maryland, Hon. John Walter Smith, in his message to the General Assembly of that state, at its regular session, 1902, takes up the subject of "Tuberculosis," and after showing that it causes more deaths than any other disease, says that "it is the evident duty of the state to adopt measures of relief."

In enlarging upon the subject, he further says: "Eliminating all humanitarian considerations, and viewing the problem from a cold business and economic standpoint, without regard to the relief of suffering and freedom from misery, the fact that there are many unfortunate people, who by reason of this disease are unable to contribute to the general welfare, and who in most cases must depend for treatment and sustenance on private benefaction, and in many cases on the public at various state and county institutions, which are not properly equipped for the purpose, is a restraint on the gen-

eral material advancement of our people, and to that extent a detriment to the state.

"If by the exercise of proper regulations the ravages of this disease can to any extent be checked, and the productive energy of our people left to a greater degree unhampered by disease and the care of the infirm, the material advancement of the state will to that extent be promoted. There is scarcely a family in the state that has not had sad experience with this disease."

John H. Pryor, M.D., an eminent authority on tuberculosis, in a paper read before the Medical Society of the State of New York, said: "The state was forced to assume the care of the insane, the feeble-minded and the epileptic, first as a protection to the public from physical violence, and finally to secure more humane and scientific treatment.

"The new proposition of state aid for the sick is supported by the facts springing from a unique modern social evil. The consumptive requires special treatment in a locality known to be beneficial. No other treatment promises anything. No other class of victims of disease needs this help which only the state can provide. * * * *."

"What the consumptive desires is a chance, and every physician of experience has grown weary of the advice to go away and get well, and the pathetic reply from clerk, bookkeeper, business and professional man, and the wage-earner, 'I can't afford it, and therefore must work and die.'"

These remarks were made in a plea for a state sanatorium in New York, which object has now been accomplished.

In 1901 the General Assembly of Rhode Island appointed a joint special committee, consisting of two senators and three representatives, to investigate the subject of a state sanatorium for consumptives. That committee, after having visited several institutions and having given the subject much study, were unanimous in their opinion of the great value of sanatoria.

As the result of their investigation the committee recommended that the General Assembly provide for the erection and maintenance within the state of a sanatorium for the treatment of consumptives.

There is scarcely a family in Georgia that has not suffered the sacrifice of a member to this white plague—consumption—a sacrifice which in fully half of the cases might have been avoided by timely and proper treatment. The state is losing annually in the premature death of its workers many times the cost of supporting a a sanatorium.

NO DANGER OF INFECTION FROM SANATORIA.

The question has been asked: Would not a sanatorium for consumptives be a source of infection for that locality and thereby endanger people visiting or living in the immediate vicinity? This is fully answered by the experience of these institutions. Not only

have they been found to be free from infection themselves, but statistics have been given to show that by reason of their educational influence the mortality from this disease in the vicinity of such institutions has been materially decreased in some European localities. This question, therefore, cannot be considered of special importance in locating a sanatorium. Even were the facts otherwise, the sites for sanatoria are selected, for sanitary reasons, so remote to cities and villages as to remove the most sentimental objection to their proximity to any locality.

"We now know that tuberculosis, especially in its pulmonary form, is an infectious and communicable disease. I lay stress upon the word communicable, for I do not classify pulmonary tuberculosis with the dangerous contagious diseases, and I shall give briefly my reasons for not doing so. It is my firm conviction, based on the experience and experiments of our greatest European and American scientists, such as Koch, Straus, Grancher, Prudden, Biggs and others, and on a somewhat extensive experience of my own, that tuberculosis is not a dangerous contagious disease, but only a comnicable one. To be in contact with a tuberculous individual who takes care of his expectorations or other secretions which may contain the bacilli is not dangerous. In sanatoria for consumptives where the precautions concerning the sputum are most strictly adhered to, one is, perhaps, safer from contracting tuberculosis than anywhere else. The great danger from infection lies in the indiscriminate deposit of sputum containing the bacilli, which, when dry and pulverized, may be inhaled by susceptible individuals and then cause the disease to be developed."

"Some will say that the segregation of tuberculous patients will only result in more virulent local infection in certain districts. This is nonsense, as it can be clearly proven to-day that those institutions that have been conducted in this country have in the rarest exceptions had the disease develop on their grounds."

As to the danger of infection, the safest place to live in, for those who wish to avoid consumption, is a well-regulated sanatorium. Patients in a sanatorium learn discipline and all who wish to carry out the treatment at home should first spend some time at a sanatorium to learn how to manage themselves, this being the most important thing of all.

A NEW SIGN IN PLEURITIC EFFUSION (Kelley.)

"All the common diseases have passed under the searching glances of physicians during so many hundreds of years that at this late date it is with some diffidence one ventures to think he can have possibly by the old methods of clinical study come upon a new observation."

With this modest remark begins a paper read before the Ohio State Pediatric Society and recently appearing in the Archives of Pediatrics. The author, Dr. Samuel W. Kelley of Cleveland, then describes a sign or symptom hitherto unknown and described in pediatric literature, or so far as ascertained even in general medical literature—a sign indicating an effusion sufficient to produce high tension within the thorax.

After reviewing the usual symptoms and physical signs of pleurisy, among which is the attitude of lying upon one side, or bending toward or pressing upon one side, this position changes and the patient instinctively turns and prefers to lie upon the back or to be propped up high in bed, and avoids bending toward or pressing upon it. This is a sign of an effusion—probably of an effusion of considerable bulk and poured out with a degree of rapidity. He has observed this sign in different cases, and states having mentioned it before in a paper published in the Journal of the American Medical Association. He does not claim that the sign is always present, but that when it is present it is as reliable as other signs that we are accustomed to trust. After relating experiments which he made to test the accuracy of his observation, Dr. Kelley refers to "the opinion usually taught, as expressed for example by Osler who says, 'When the effusion is large the patient usually prefers to lie upon the affected side.' But I beg of you to note the fact in such cases whether the effusion is not one of long duration. In such cases I have seen of patients *preferring* to lie upon the affected side the effusion has existed so long that apparently a tolerance of the presence of the fluid has been established. The time for the symptom I describe has passed in such cases." He proceeds to an explanation of the change of attitude that follows an effusion, arguing that it is not always a mere abandonment of the position which before the effusion prevented movement and thereby eased pain, but is the assumption of a new position which allows greatest freedom to the compressed viscera, thereby easing the breathing and circulation.

This is undoubtedly a valuable original observation, clearly described and logically explained.

NEW ORLEANS IN MAY.

The annual session of the American Medical Association will be held in New Orleans, May 5–8, and already elaborate preparations are being made for the comfort and entertainment of the delegates, members and visitors.

Recently a meeting of the Committee of Arrangements was held at New Orleans, which was attended by the President and Secretary of the Association. An announcement was made of a granting of a one-fare round-trip rate by the Southeastern Passenger Association

If deposited with the special agent at New Orleans not later than May 12, tickets can be extended to May 30. Excursions from New Orleans to Cuba and a circular trip by way of Washington and New York are being discussed.

A river excursion, an evening tea for the ladies and a number of individual entertainments are planned.

An attendance of 4,000 is confidently expected. Ample hall space to accommodate general sessions, exhibits and sections are available.

Smokers to take the place of section banquets have been suggested, and the plan is thought well of. A New Orleans number of the Journal of the American Medical Association will be published four weeks before the meeting and 35,000 copies issued.

With the unusual railroad rate of one fare for the round trip, a delightful season for a visit to New Orleans, and an assured attractive program, a large attendance should be assured.

Physicians from the Central States and the Mississippi Valley will use the Illinois Central Railroad, a special Doctors' train having been arranged for by this road. Detailed information may be had by inquiring of the editor of the Journal.

EDITORS' TABLE.

If you have a copy of this Journal, May, 1902, please send it as it is needed to complete our files.

* *

The eighth annual meeting of the Western Ophthalmologic and Oto-Laryngologic Association will be held in Indianapolis, Ind., April 9–10–11, 1903. Dr. William L. Ballenger, President, 100 State street, Chicago, Ill.; Dr. O. J. Stein, Treasurer, 100 State street, Chicago, Ill.; Dr. Derrick T. Vail, Secretary, 22 W. Seventh street, Cincinnati, O.

* *

The Medical Association of Georgia meets at Columbus, April 15–17, 1903.

* *

London is showing a great anxiety over the low birth-rate of native population. Last year shows a rate of only 29 per 1,000, the lowest since registration begun.

* *

The Massachusetts Legislature has a bill before it which provides for the introduction of medical examiners in all public schools at the expense of the State. That such supervision of public health can be made a potent factor for the general welfare of the community has been abundantly proven.

Before the Assembly (New York) a Mr. Wemple has introduced a bill relative to the "Chaste Treatment of Female Patients." The bill assumes that women are not now accorded such chaste treatment by physicians, and particularly surgeons. The bill can never be given any serious consideration by any body of legislators, but it is well that it should be generally known that such asinine views exist that they may be fully discussed and effectively refuted.

* *

A Denver, Colo., abortionist is out on bail. Some others may not be so lucky.

* *

The next meeting of "The World's Congress on Tuberculosis," St. Louis, Mo., U. S. A., July 18–28, 1904. Geo. Brown, M.D., Secretary, Atlanta, Ga., U. S. A.

* *

Dr. Gustave Kutnow, manager of Kutnow Bros., Limited, spent the past week in the city and made many friends.

* *

Sander & Sons' Eucalyptol.—Apply to Dr. Sander, 88 Lincoln Ave., Chicago, Ill., for gratis-supplied sample and literature on Sanders' Eucalyptol. Meyer Bros. Drug Co., St. Louis, Mo., sole agents.

* *

See Swett & Lewis Co. ad. for a Kinraide Coil.

* *

There are three hundred and sixty-five medical journals published in the U. S. Somebody is kicking about there being too many.

The New Orleans Polyclinic opened its sixteenth annual session November 3d, 1902, and close May 30, 1903. To Southern physicians the Polyclinic is of especial value and benefit, as they see there tropical diseases from most all tropical countries, including those to be seen and found among us. Laboratory courses and the specialties are fully taught. New Orleans Polyclinic, 797 P. O. Box, New Orleans, La.

* *

A Wise Law.—A statute of the State of Connecticut authorizes the voluntary self-commitment of alcoholic and narcotic sufferers to any inebriate sanitarium, established by the laws of the State, for a period not exceeding one year, during which time they shall continue subject to restraint and treatment the same as if committed by the Probate Court. Hence, for these purposes the sanitariums of the Wooden Nutmeg State have become famous throughout the Union.

* *

In books great men talk to us, give us their most precious thoughts and pour their souls into ours.

NEW BOOKS.

FROM W. B. SAUNDERS & CO.

AMERICAN EDITION OF NOTHNAGEL'S PRACTICE.

Diseases of the Bronchi and Pleura; Pneumonia—By Dr. F. A. Hoffmann, of Leipsic. **Diseases of the Pleura.** By Dr. O. Rosenbach, of Berlin. **Pneumonia.** By Dr. F. Aufrecht, of Madgeburg. Edited, with additions, by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania. Handsome octavo volume of 1,030 pages, illustrated, including 7 full-page colored lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; half Morocco, $6.00 net.

This, the fourth volume to be issued of Saunders' American Edition of Nothnagel's Practice, fulfills all expectations. The eminent authors of the valuable monographs which comprise this volume had, by their breadth of learning, their exhaustive research, and extensive practical experience, made their essays almost complete as originally written. Nevertheless, the author in the light of recent research, has made numerous valuable additions, so that the American edition represents the present state of our knowledge on the subjects under discussion. Among other things, these additions include new matter on the anatomy and physiology of the bronchi; on foreign bodies in the tubes; on the pathology, bacteriology, and treatment of bronchitis, and the recent researches on bronchiectasis and on eosinophilia in asthma.

Much new matter has been incorporated into the section on pneumonia, including the recent work of Hutchinson and others on the blood and urine in that disease. In the Pleurisy section will be found an account of the latest bacteriologic studies, and references to the work of Morse on the leucocytes in pleurisy, to that of Williams and others on X-ray diagnosis, and to the Litten phenomenon. The work in every particular is thoroughly up-to-date, and no criticism is possible but praise.

The American Text-Book of Obstetrics—In two volumes. Edited by Richard C. Norris, M. D.; Art Editor, Robert L. Dickinson, M. D. Second Edition, Thoroughly Revised and Enlarged. Two handsome imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone plates. Cloth, $3.50 net; Sheep or Half Morocco, $4 00 net.

This is a work for the student and practitioner alike. It makes clear those departments of obstetrics that are at once so important and usually so obscure to the medical student. The obstetric emergencies, the mechanics of normal and abnormal labor, and the various manipulations required in obstetric surgery are all described in detail, and elucidated with numerous practical illustrations.

Since the appearance of the first edition many important advances have been made in the science and art of obstetrics. The results of bacteriologic and of chemicobiologic research as applied to the pathology of midwifery; the wider range of surgery in treating many of the complications of pregnancy, labor, and the puerperal period, embrace new problems in obstetrics, some of which have found their place in obstetric practice. In this new edition, therefore, a thorough and critical revision was required, some of the chapters being entirely re-written, and others brought up to date by careful scrutiny. A number of new illustrations have been added, and some that appeared in the first edition have been replaced by others of greater excellence.

By reason of the extensive additions the new edition has been presented in two volumes, in order to facilitate ease in handling. The success primarily achieved unquestionably awaits this present edition, as we know of no more commendable work on the subject.

Bacteriological Technique—A Laboratory Guide for the Medical, Dental, and Technical Student. By J. W. H. Eyre, M. D., F. R. S., Edin., Bacteriologist to Guy's Hospital, and Lecturer on Bacteriology at the Medical and Dental Schools, etc. Octavo of 375 pages, with 170 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $2.50 net.

This book is an excellent one. It presents, concisely, yet clearly, the various methods at present in use for the study of bacteria, and elucidates such points in their life-histories that are debatable or still undetermined. Moreover, it does not encumber the student with the many uncertain methods usually crowded into books of this kind, only those being included that are capable of giving satisfactory results even in the hands of beginners.

The excellent and appropriate terminology of Chester has been adopted throughout. This is a very commendable feature, as Chester's terminology needs but a trial to convince one of its extreme utility; and its inclusion in an elementary manual is calculated to induce in the student habits of accurate observation and concise description.

The illustrations are numerous and practical, the author considering, and rightly so, that a picture, if good, possesses a higher educational value and conveys a more accurate impression than a page of print.

The work is not intended for the medical and dental student alone, having been designed with the needs of the technical student generally constantly in view, whether he be of brewing, dairying, or agriculture.

Of the many laboratory guides and technical manuals constantly being issued, this is, without question, for a book of its pretensions, the best that has reached us.

FROM P. BLAKISTON'S SON & CO.

A Handbook of Materia Medica, Pharmacy and Therapeutics—Including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, and minute directions for prescription writing. By Samuel O. L. Potter, A. M., M. D., M. R. C. P., London, Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco. Ninth Edition, Revised and Enlarged. Octavo, pp. 951. Philadelphia: P. Blakiston's Son & Co. 1902. Price, $5.00 net.

This is hardly a handbook for it is an octavo of 951 pages. It is as complete a study of drugs as one can wish. No new remedy of proved value is neglected. The book is arranged in three parts. Part I. is an alphabetical list of drugs. Each drug is described, physiological action and therapeutic indications being given. The animal extracts mentioned are the thyroid, bone-marrow, nuclein, orchitic, cerebrin, adrenalin, splenic, lympathic, pancreatic, parotid, ovarian, uterine and mammary gland. In regard to these Potter says: "Most of them are yet on trial and the limits of their utility in medicine are by no means defined."

Part II. is devoted to pharmaceutical preparations and directions for prescription writing.

Part III. is devoted to special therapeutics. The leading authorities are freely quoted and many valuable suggestions are given for almost all the ills that human flesh is heir to.

We believe the work will always be a favorite one with physicians, as it is written with care and is fully up to date.

Blakiston's Quiz Compends—Compend of Special Pathology. By Alfred Edward Thayer, M. D., Assistant Instructor in Cross Pathology, Cornell Medical College; Pathologist to the City Hospital, New York. Duodecimo, pp. 322. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1902. Price, 80 cents net.

The importance of a knowledge of pathology increases with the advancement of medical science along general lines. Any method or book, or picture that tends to improve or increase this knowledge is to be welcomed.

Experience would seem to indicate that these little volumes are of value in this direction. They are prepared by teachers and are purchased by students upon their advice, hence must be accepted as part of the necessary equipment of the undergraduate. This book is one of the very best of the compends and is prepared by a teacher who not only understands his subject but imparts information concerning it with surprising clearness. For these reasons it is to be commended to the beginner.

Spectacles and Eyeglasses—Their Forms, Mounting, and Proper Adjustment By R. J. Phillips, M. D., Ophthalmologist Presbyterian Orphanage, Philadelphia. Third edition revised, with 52 illustrations. Philadelphia: P. Blakiston's Son & Co. 1902. Price, $1.00.

This useful little book of 109 pages should be in the hands of every ophthalmologist, whether he furnishes glasses or writes prescriptions for them. The third edition is a credit to the author, being quite complete and giving useful details without unnecessary padding to add to the size of the volume. The text remains very much the same with an addition wherever necessary to report the advances made in lens' manufacture and one or two new tables for reference.

FROM D. APPLETON & CO.

The Diseases of Infancy and Childhood—By L. Emmett Holt, A.M., M.D., Professor of Diseases of Children in the College of Physicians and Surgeons (Columbia University); Consulting Physician to the New York Infant Asylum, and to the Hospital for Ruptured and Crippled. Second edition, revised and enlarged, with 225 illustrations, including nine colored plates. Sold only by subscription. Price, cloth, $6.00; half leather, $6.50. D. Appleton & Co., 436 Fifth Avenue, New York.

It is with genuine pleasure that we welcome the second edition of Holt's monumental work on the diseases of infancy and childhood. There is no contribution to the literature of this subject, be it foreign or domestic, which has done more toward placing this study on the plane of scientific accuracy.

It is the outcome of twenty odd years of experience in private and hospital practice to which this book may be ascribed, and the inherent capability of the author is emphasized on every page of the book. In a clear and simple style, Dr. Holt has consecutively considered the various diseased conditions to which the child may fall a victim, and presents a thorough exposition of every feature of the diagnosis and care of these cases that the practitioner may desire enlightenment upon. Special attention is paid to the diseases of the newly born child, nutrition, its derangements and diseases, the acute diseases of the lungs and intestinal tract, and the specific infectious diseases. To this last section more than two hundred pages have been devoted, fifty of these being accorded the subject of diphtheria. Splendid illustrations, beautiful printing, and otherwise complete to the extreme of thoroughness, this work will continue to add to its host of friends in the profession.

FROM F. A. DAVIS COMPANY.

Diseases of the Rectum and Anus—Designed for Students and Practitioners of Medicine. By Samuel Goodwin Gant, M. D., LL. D., Professor of Rectal and Anal Surgery at the New York Post-Graduate Medical School and Hospital; Attending Surgeon for Rectal and Anal Diseases to the New York Post-Graduate Hospital, St. Mark's Hospital, Hebrew Sheltering Guardian Orphan Asylum, and New York Infant Asylum. Second edition, rewritten and enlarged, with 37 full-page plates, 20 of which are in colors,

and 212 smaller engravings and half-tones. Pages xxiv.-687. Royal octavo. Philadelphia: F. A. Davis Company. 1902. Extra cloth, $5.00 net; sheep or half-Russia, $6.00 net, delivered.

According to the title page, of which the foregoing is a transcript, we are told this is a second edition of a work previously written by this author, but a comparison of the two editions discovers a surprising difference between them; indeed, it is so great as to almost justify the conclusion that they are altogether different books, with a mere coincidence of authorship. The first is a somewhat crude example of provincialism in book writing, while the second is a splendid specimen of metropolitan development.

It is true that the six years that have passed between the issuance of the two editions have witnessed many improvements in this department of medical science, but it is also quite true that the author, having removed from the West to New York, has expanded his methods and contracted his statements, so that now his book takes place among the foremost of its kind. It is an exposition of the present state of knowledge concerning diseases of the region with which it deals, and is a credit to the author and to American medicine.

In this edition, besides the rewriting of the old book, the author has added new chapters and new engravings, until the original plan of the work is lost in the new and splendid book that has been evolved. It now takes a high rank among the text books of the period, and is a safe guide—to undergraduates as well as practitioner—to the study of diseases of the lower intestinal tract and region, as well as to their cure by operative surgery or other means.

The illustrations deserve to be mentioned as a special feature of the book. They are of the best, and represent the very foremost point of advance in the illustrator's art. The author deserves the congratulations of his professional colleagues for the improvements he has made in this edition, and for the general excellence of his treatise.

FROM LEA BROTHERS & CO.

A Treatise on the Eye, Nose, Throat and Ear—For Students and Practicians. By eminent American and English Authors. Edited by William Campbell Posey, M. D., Surgeon to Wills Eye Hospital, Philadelphia, and Jonathan Wright, M. D., Laryngologist to the Brooklyn Eye and Ear Hospital, etc. In one octavo volume of 1,234 pages, with 650 engravings and 35 plates in colors and monochrome. Cloth, $7.00 net; leather, $8.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This is practically a system of diseases of the eye, ear, nose, and throat in one volume. The various chapters are written by American and English authors of prominence, each of whom has evidently been given the fullest liberty in treating of the subject allotted to him. The resultant volume is a collection of strong articles covering the above domain in medicine. Necessarily some of the contributions loom up above the rest, such as the chapters on Glaucoma by Treacher Collins, the one on the Examination of the Eye by Posey, on Sympathetic Ophthalmia by Gifford, on the Eye in Its Relation to General Diseases by Clark, on Inflammatory Diseases of the Upper Air Passages by Richardson, on Diseases of the Accessory Sinuses by Thompson, and on Purulent Inflammation of the Middle Ear by Alderton, the last named being particularly noteworthy. However, these alone would not carry the book along. It is the general body of the book that makes it what it is. In many respects it is unique. As to illustration it is almost an atlas, showing 650 engravings and 36 colored plates; that is to say, a cut on every other page. And the illustrations are all good, many of them appearing now for the first time. As all the authors are teachers, the book is clinically an able one and the text clear and concise. Altogether it is one of the best works on the eye, ear, nose and throat that has appeared in recent years.

The Diseases of Infancy and Childhood—Designed for the Use of Students and Practitioners of Medicine. By Henry Koplik, M. D., Attending Physician to Mount Sinai Hospital, New York City. 1902. Lea Bros. & Co., Philadelphia and New York.

No specialty in medicine has grown so greatly in the last ten years as has Pediatrics More books—good books—upon that line have been published than upon any other. The latest addition is this one by Koplik, which is an excellent treatise on this important branch. Chapter I. deals with Infancy and Childhood, Methods of Examination, Therapy, Natural Feeding, Artificial Feeding. Chapter II.. Premature Infants, Diseases of the Newborn, and Birth Injuries. Chapters III to XIV, the various Diseases of Infancy and Childhood. The chapter on Feeding is very satisfactory. The illustrations and text of the chapter on Diphtheria, especially that portion on Intubation, is especially good, succinct, clear and forceful. The chapters on Diseases of the Lungs are some of the best in the book , Appendicitis is dismissed in six pages, dividing the disease into three forms, Catarrhal, Perforative or Suppurative, and the Gangrenous forms.

The engravings, by Dupuy, are splendidly executed, many of them being original photographs of cases in the author's practice. We thoroughly approve the frequent insertion of temperature charts through the text, and trust it may stimulate others to their use.

The book, while not as full in detail as others on the market, can be recommended as thoroughly practical and full enough for anyone.

A Text-Book of Pathology and Pathological Anatomy—By Dr. Hans Schumaus, Extraordinary Professor and First Assistant in the Pathological Institute, Munich. Translated from the Sixth German Edition. By A. E. Thayer, M. D., Instructor in Pathology in the Cornell University Medical College, New York Edited with Additions by James Ewing, M. D., Professor of Pathology in the Cornell University Medical College, New York. Illustrated with 351 engravings, including 35 colored inset plates. Lea Brothers & Co., Philadelphia and New York. 1902.

This is an excellent translation of a well-known German text-book and should be reviewed by the profession with the greatest pleasure and profit. It is closely adapted to the needs of students, and it is an exposition of the very latest advances in this most intricate and difficult branch of medicine. The work of translation has been well done.

Woolsey's Surgical Anatomy—Applied Surgical Anatomy Regionally Presented for the use of Students and Practitioners of Medicine. By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in the Cornell University Medical College, Surgeon to Bellevue Hospital, etc. Octavo, 511 pages, with one hundred and twenty-five illustrations, including fifty-nine full-page inset plates in black and colors. Cloth, $5.00 net; leather, $6.00 net. Lea Brothers & Co., Philadelphia and New York. 1902.

This is a work of more than five hundred pages, devoted to surgical anatomy. It is divided into regions—as of the face, neck, etc. It is well written, the paragraphs beginning with bold-faced type, so as to render it easier to find any particular thing you wish to look for. The cuts are most excellent, showing the relations of the blood-vessels, nerves, muscles, etc. It not only deals with the parts concerned in surgical operations, etc., but gives the symptoms of dislocations and displacements of bones, ligaments, etc. Great attention has been given to detail, which to our mind is one of the most important things connected with a book of this kind. The grosser things that present themselves are readily recognized, but it is the minor things that are overlooked, and the writer has taken great pains to detail everything connected with each operation as described in the work. The book is certainly a very valuable addition to medical and surgical litera-

ture. We recommend it to the profession as being one of the very best of its kind that has been presented.

FROM J. B. LIPPINCOTT CO.

A Text Book of the Science and Art of Obstetrics—By Henry J. Garrigues, A. M., M. D, Consulting Obstetric Surgeon to the New York Maternity Hospital; Gynecologist to St. Mark's Hospital; Professor of Obstetrics in the Post-Graduate Medical School (retired); Professor of Gynecology and Obstetrics in the School for Clinical Medicine; Honorary Fellow of the American Gynecological Society; Honorary Fellow to the Obstetrical Society of Edinburg; ex-President of the German Medical Society, etc. Contains five hundred and four illustrations. Published by J. B. Lippincott Co. 1902. Philadelphia and London.

The author has succeeded in writing a text book that gives practical help to the physician in his general obstetrical work. Every complication that may be encountered in the lying-in room is described in a brief, clear and precise manner. The work is so profusely illustrated that one who is somewhat familiar with this branch can refresh his memory by merely turning over its new pages and looking at the pictures. The illustrations are largely new and drawn directly from nature in order to avoid the manifold inaccuracies found in current representations, and, as far as possible, objects are represented in their actual size.

The real difficulty and dangers of childbirth which give the physician grave concern, arise almost exclusively from abnormalities, complications and accidents. The treatment of these has shared in the rapid advancement made during recent years, and this volume presents in the most practical way the very latest results in this branch of medicine. Among the improvements, four, worthy of special mention, are: Antisepsis, with its offspring asepsis; the axis-traction forceps, the improved Cesarean section, and the revival of symphyseotomy, this being practically a new operation; and the Cesarean section having undergone so great changes in recent times, the author has carefully presented the method of procedure sanctioned by the best practice.

International Clinics—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat and other topics of interest to Students and Practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A. Volume III. Twelfth Series, 1902. Philadelphia: J. B. Lippincott Company. 1902.

The third volume in the twelfth series of International Clinics is exceptionally valuable to the busy practitioner and to the science of medicine in general. It contains articles on the treatment of typhoid fever (Osborne), intestinal perforation in typhoid (Mauger), morphinism (Crothers), osteomelitis (Monclaire), urticarias (Hallopean), and deafness by direct massage of ossicles of the ear (Koenig).

Under general medicine there are valuable and exhaustive articles on splenomyelogenic leucocythemia (Nabarro), newer diagnostic methods (Thayer), serofibrinous pleurisy (Dieulafoy), insect pests of human beings (Walsh), bilateral cerebral thrombosis (Hopkins), traumatic epilepsy (Brower), infantile spinal paralysis (Boggess).

In surgery there are articles on fire-arms at short range (Brinton), suits for malpractice (Lewis), internal piles and fistula (Tuttle), obstipation (Pennington), gastroenterostomy (Debove), dilation of the stomach (Cardarelli), club-foot (Willard), abdominal tumors (Baldy), and face presentations (Jardine).

Four articles are devoted to diseases of the eye, ear or throat. The volume is well illustrated.

PROGRESS
—OF—
MEDICAL SCIENCE.

THERAPEUTICS

UNDER THE MANAGEMENT OF
MARION X. CORBIN, M. D.,
SAVANNAH, GA

THE BEST WAY OF PRESCRIBING CALOMEL AS A PURGATIVE.—This is the topic for the current prize essay symposium in the New York Medical Journal. The majority of the men who take part agree that calomel should be administered in small doses. Adrian Landre commonly gives calomel in tablet triturates of one-half grain each, beginning in the afternoon at about four o'clock and continuing them each half-hour until four grains have been taken. This is followed by a Seidlitz powder the following morning. He believes that Wood's theory of the action of calomel is correct, namely, that it escapes into the intestines and is precipitated in the form of gray oxide. The alkaline juices of the intestine are capable of decomposing only a small quantity; hence the advisability of giving the repeated small dose. Sodium bicarbonate assists in this change, but he does not employ it where he uses tablet triturates, because they cannot always be obtained fresh. On keeping them a long time they undergo a change and become of a gray color, losing the effect that a recently prepared powder always possesses. He always follows the calomel by a cathartic. The advantage of a small dose is that it often quiets an irritable stomach when everything else is vomited. In giving calomel to children he uses freshly prepared powders, always giving it with sodium bicarbonate and sugar of milk. This is followed by one or two drachms of castor oil the following morning.

SULPHUR IN THE TREATMENT OF DYSENTERY.—G. E. Richmond says that the ordinary treatment of dysentery by sulphate of sodium necessitates that the patient should come under observation early in the disease, before much ulceration has taken place. The ipecac treatment is also of value, but it necessitates that the patient be kept in bed and all food excluded. He has substituted for both these methods the administration of twenty grains of sublimed sulphur combined with five grains of Dover's powders to be given at intervals of four hours. Two case histories are given; in one the dysentery had lasted for eleven days and the temperature was 103.4

deg. Under the sulphur treatment there was marked improvement in the first twenty-four hours, and in two days the motions had become decidedly fecal in character. Another was an obstinate case of dysentery that had lasted for five weeks and was cured immediately by the administration of sulphur and Dover's powders. It is not contended that sulphur is the only treatment for dysentery, but it is a valuable addition to our stock of remedies for this distressing complaint.

Fanghi di Sclanfani in Acne Rosacea.—Von Fleischl, Otto. (Wiener Klinische Wochenschrift). This substance is a volcanic earth which is found in Sclanfani, Sicily. It has been used by Levier in Florence for more than twenty-five years, with the utmost satisfaction. It is a grayish-yellow, fine powder. Under the microscope prismatic crystals are seen. The taste is sour, the reaction acid. It consists, for the most part, of sulphur in exceedingly minute division. A small quantity of the powder is mixed with a teaspoonful of water in a porcelain dish; the resulting milky fluid is applied with the end of the finger to the reddened skin. This is done at night, and the following morning the skin is found to be covered with powder. It is then washed off. The following evening the procedure is repeated. In some cases the remedy is irritating, and in such the treament must be interrupted for one or more days. It is wise to begin with small quantities, to determine the reaction produced in the skin.

It is only the less severe forms of acne that are benefited by the remedy. In those cases in which papules form, scarification or division is absolutely necessary.

Treatment of Chronic Gastric Catarrh.—Edwald, C. A. In the treatment of gastric catarrh two indications are to be met: (1) Diminution of hydrochloric acid and pepsin; (2) lessened motility of the stomach. As a result of these two factors fermentation occurs, the character of which is determined by the kind of microörganisms.

The disturbance of the secretory function of the gastric mucosa is best met by the administration of as much of the acid as the patient can tolerate, administering it at intervals of ten minutes after meals. In some cases in which the stomach-tube is well borne, we may through the latter introduce directly into the stomach a solution of 0.2 per cent. of hydrochloric acid, which corresponds with the normal quantity. Carminatives and bitter tonics directly excite the activity of the secretory cells; among the best of these is condurango bark. The latter is preferably given in infusion.

Among the remedies which increase the motility of the stomach, strychnine is the best; it should be given in the form of tincture of nux vomica. Massage and electricity, the latter whenever possible by the intragastric method, are useful adjuncts. In treating fermentations, the stomach should always be washed out; by what

method is indifferent, so long as the stomach is properly cleansed. A weak antiseptic solution, such as two per cent. boric and salicylic acid, or one per cent. lysol, should be employed. Fermentations may be inhibited by the following:

℞ Resorcini resublimati..... 5.0
Bismuthi salicylat 10.0
Natrii bicarbonat 15.0
Sacchari albi.....15.0
M. Sig.: A small teaspoonful each two hours.

Such a powder can be administered without interfering with the hydrochloric acid, pepsin, or bitter tonic.

Without a suitable regulation of the diet no recovery is possible. The regimen should begin with careful attention to the mouth and teeth, and the patient should be enjoined to thoroughly masticate the food. White meats, including poultry, are more digestible than red meats; fat meats in general are to be avoided. Eggs are sometimes well borne; and again they are difficult of digestion. Soups made from the red meats are also to be rejected, as they are so rich in salts as to prove irritating to the mucous membrane. All highly spiced foods should be rejected. Milk is one of the best articles of diet, but unfortunately it is not well tolerated by many stomachs. So far as possible, the starches should be converted into dextrin. Vegetables are generally digestible, particularly if cooked in salted water; there are some, such as cabbage, peas, and beans, which are not well tolerated.

It is important that the patient should as soon as possible return to the ordinary diet, as a too restricted diet may add to the original gastritis a condition of general debility that will be exceedingly difficult to relieve.

Lithium, Experimental Study Of.—Lithium is excreted in the saliva, into the stomach and bowel, and in the urine. The greatest amount is excreted in the urine, though more appears in the stomach and bowel when nausea, vomiting and diarrhœa have been profuse. It can usually be demonstrated in the secretions within ten minutes after a hypodermic injection, though its excretion proceeds slowly, for the writer has found it in secretions twenty-three days after the injections were stopped.

Lithium salts given to animals, hypodermically or by the stomach, cause, sooner or later, fatal gastro-enteritis. This gastro-enteritis is, undoubtedly, connected with the excretion of the metal through the bowel-wall. These salts do not possess any diuretic action that cannot be accounted for by their salt action. They render the urine alkaline, and thus act like the other alkalies. Lithium carbonate, in 15- to 20-grain doses, and lithia tablets have been known to cause gastro-intestinal symptoms in man. Dilute solutions of lithium salts are not solvents for uric or urates.—Clarence A. Good (American Journal of the Medical Sciences).

INTERNAL MEDICINE AND NEUROLOGY.

UNDER THE CHARGE OF

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SOME TRAUMATIC NEUROSES AND THEIR TREATMENT.—By J. Sherman Wight, M. D. The local symptoms which follow nerve wounds have an interest belonging to no other lesions, and may occur whether the nerve has been severed or has received a contusion. Recovery takes place in general in proportion to the number of fibers cut or the severity of the contusion, since the bruising may amount to the section of some or all the fibers of the nerve in its subsequent history. Electrical injuries have their distinctive symptoms, and, while we are obliged to admit some direct action on the cells, yet it is certain that the force of the shock comes on the nerves.

Case: Mrs. K. received a compound comminuted fracture of both bones of the leg. The projecting ends of the fragments were resected, and union took place after the delay of some months. Swelling was slight, and pain followed long use in walking. I saw her twenty-four years later, when pain was constant, lancinating in character, and involving the entire limb. The soft tissue was elevated to the size of a small tumor in the site of the old callus, and had broken down, leaving an ulcerated area. I obtained a section for diagnosis. The report suggested inflammatory tissue. I excised the entire mass, going wide of its border and down to the bone, which was everywhere healthy. During the operation the edge of the knife was turned on some resisting bodies. An examination of the mass showed these to be plates of bone laid down in the fascia, evidently developed at the time of, and along with, the repair of the broken bones. All traces of the neuritis disappeared after this operation, showing that these speculæ had kept up the irritation through all the years of suffering.

PROLONGED MEDICATION.—Dr. A. Jacobi, of New York, was the author of this paper. He dwelt particularly on digitalis, and said that he had been accustomed to use it in small doses for long periods and had noted nothing but good from such practice. His main reliance was on a good fluid or solid extract. Of the latter he would give $\frac{1}{2}$ to $\frac{3}{4}$ gr. as a daily dose to an adult and this he would not hesitate to continue for months. Years of cardiac ailment should be met by years of medication. Chronic myocarditis was no contra-indication. He never treats chlorosis without adding digitalis to the iron.

Premature Whitening of Hair.—After reporting a case in which the hair turned white in four or five weeks in a paranoiac, Jones discusses the condition and gives statistics as to his observations in regard to the color of the hair in patients at the Claybury Asylum, and correlates the different types with different emotional conditions. He found light-haired persons were fond of amusement, while the dark-haired ones took more kindly to religious services. He thinks that whatever explanation is offered for the sudden blanching of the hair, which undoubtedly occasionally occurs, the close physiologic connection between the cerebrospinal axis and the skin, which have a common genealogy, must be borne in mind.

Ergotin as a Prophylactic and Specific in Puerperal Fever.—Solt points out that as the uterus contracts under the influence of ergotin, the walls become thicker, harder, the lumen of the vessels is partially or entirely closed and the surface becomes drier. This change offers far less favorable conditions for bacterial invasion than when the walls are soft and moist and all the blood and lymph vessels are gaping. Micro-organisms find it more difficult to penetrate the walls of the uterus and pass into the general circulation, and a rampart is thus interposed between a focus in the uterus and the rest of the organism, and between a focus in the vagina, rectum or perineum and the uterus. Hager recommends ergotin as a means of forestalling absorption of purulent matters and Solt makes a routine practice of administering it in every affection inducing inflammation and suppuration, in cases of infected wounds, phlegmons, etc., with pyemic and septicemic symptoms. He gives ergotin instead of alcohol, and the stimulating effect is so pronounced that the patients ask for it. He recommends it internally before all operations on feeble patients, on account of its tonic properties. He has administered it in thirty cases of puerperal fever in the last seven years, and never lost a patient except one from an intercurrent dysentery. When the birth is proceeding normally, he gives two or three powders a day of .6 ergot until six have been taken, and has never known puerperal fever to develop after this prophylactic measure. In case of uterine hemorrhage, he supplements it by rectal injections of cool salt solution, with one teaspoonful of salt to the liter, or fresh milk with half the amount of salt. The uterus seems to contract with exceptional vigor under the influence of the milk injections. Rectal injections have more effect on the uterus than vaginal. After an operation, when the pulse or temperature is suspicious, he administers ten to twenty drops three times a day of a mixture of 5 gm. each of ergotin and distilled water, in 15 gms. of tincturæ amaræ. Another formula is 5 gm. ergotin to 20 of aq. menthæ pip. This is equivalent to about .1 to .18 of extract of ergot to the dose. He has witnessed chronic headaches vanish under systematic treatment with ergot. It has also proved effective as an adjuvant to the bromids in epilepsy, and has relieved the cough in recent laryngeal catarrh better than narcotics.

SURGERY.

UNDER THE CHARGE OF

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THE RADICAL CURE OF HÆMORRHOIDS WITHOUT THE USE OF GENERAL ANÆSTHESIA.—By Dr. Gwilym G. Davis. The desirability of some method of treatment by which internal hæmorrhoids can be cured without the necessity of resorting to general anæsthesia has long been evident. The commonly used methods of treatment are those of the ligature or clamp and cautery under general anæsthesia and the injection of carbolic acid or other coagulant without anæsthesia. Any formal operation for hæmorrhoids is often declined for two reasons—the patient is afraid to take an anæsthetic and undergo an operation, or alleges that he cannot spare the time necessary to be absent from his business affairs.

Experience with the injection methods has demonstrated that while satisfactory in many cases it is unreliable, and unpleasant or even serious results may occur at any time. The value and efficacy of cocaine on the mucous surfaces elsewhere suggested its use for rectal troubles, and the method proposed is a combination of it with the electrocautery. The hæmorrhoids are to be exposed to view by means of a speculum. Every surgeon probably has a favorite rectal speculum. At present, the one preferred by Dr. Davis is that known as Kelly's spincterscope. It is cylindrical, two and a quarter inches long, cut off square at the end, and is used with an obturator. It is not self-retaining, but after being introduced, the patient himself can hold it in place, as it has a large, firm handle. The speculum having been inserted, a pledget of cotton an inch or so in length is moistened with a 4 per cent. solution of cocaine and introduced, being allowed to remain as the speculum is withdrawn. In a few minutes the speculum is again introduced, the cotton removed, and the speculum partly withdrawn and turned from side to side until the hæmorrhoid on which it is desired to operate is brought well into view. The patient then takes hold of the handle of the speculum and holds it in position, while, with a small eloctrocautery knife, such as is used in nasal operations, the hæmorrhoid is either seared superficially or a line burnt in it, or one or more punctures made as deemed most suitable. Especial care should be taken not to encroach on the skin, but restrict the application to the mucous membrane. The cautery point may cause bleeding. The blood can be wiped away

with cotton in a pair of forceps held in the opposite hand, and, if it is too free, the operation may be suspended. A piece of cotton is then pressed on the bleeding point and allowed to remain as the speculum is withdrawn.

Bleeding into the bowel and distention of the rectum are to be avoided by not applying the cautery too high up, as otherwise the sphincter may fail to compress the bleeding point. One locality is enough to treat at a visit. The cotton does not produce any discomfort because of the anæsthesia produced by the cocaine, and the bleeding is controlled by the contraction of the sphincter. The cotton is passed out at the next movement of the bowels. The operation had better be done late in the day, so that after the application the patient may return to his home, lie down, and rest for the night. By the next morning any irritation which may have been produced will have subsided, and he may resume his business. It is better to allow perhaps a week to intervene before another application, as otherwise the wound previously made will not be sufficiently advanced in healing. By persistently working in this manner, the hæmorrhoids can gradually be removed.

Each operator must evolve his own technique, and this can easily be done by beginning with a single small application of the cautery and observing its effect on the patient. The applications can then be increased both in frequency and extent, according to the judgment of the surgeon.

Tendon Transplantation.—Gibney reports and tabulates some sixty-seven cases of tendon transplantation for various conditions, such as drop-wrist, talipes, dangle-leg, etc., and seven cases of astragalectomy, arthrodesis and tendon transplantation. He finds altogether 92 patients were operated on and the final results ascertained in 67. Good results were obtained in 34 per cent., fair in 45 per cent., and negative in 21 per cent.

Bloodless Method of Treating Congenital Luxation of the Hip-Joint.—Ghillini (*Rev. d'Orthopedic*), Paris, has now had an experience of one hundred cases treated by his method, which he asserts is the reverse of the usual procedure. He aims to place the hip in such a position that the head of the femur rests against the place where the acetabulum normally should be. The new joint thus obtained does not resemble a normal joint anatomically, but behaves exactly like one. The functional results have been perfect. When the head of the femur is displaced upward, for example, he twists the thigh into exaggerated abduction. When the displacement is downward, he twists the thigh in abduction. For forward displacement he twists it in inward rotation, and for backward displacement in outward rotation. In case of a complex deformity, such as backward and upward displacement, he twists the thigh in outward rotation and abduction. He follows Lorenz's directions for after-treatment for six to twelve months.

OBSTETRICS, GYNÆCOLOGY AND PÆDIATRICS.

UNDER THE CHARGE OF

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RECTAL VS. VAGINAL EXAMINATIONS IN LABOR.—Briggs, W. A. (*American Medicine.*) The information sought by digital examination is (1) the size and form of pelvic cavity; (2) the presentation, size, mobility and progress of the fetus, and the position of the presenting part (3) the condition of the cervix and other soft parts, including the amniotic sac. Such information can be obtained without infecting the genital tract, by abdominal palpation, auscultation, and antepartum pelvimetry, combined with rectal exploration with the finger.

The preparation for digital examination by the rectum should be substantially the same as when the vagina is to be explored. The patient should be on the back with the knees well flexed, close to the edge of the bed. The examining hand should always be covered with a rubber glove. The index finger in the rectum should, if possible, reach the promontory of the sacrum, while the thumb rests upon the pubis. In this way the conjugate diameter of the pelvis is readily estimated. Through the rectal wall the os and cervix can be readily recognized; if dilation has begun, the alternate tension and relaxation of the cervic ring is noted. The sagittal suture and fontanels can be identified. To one making such an examination for the first time, the simplicity with which it is done and the clearness of the results are little less than surprising. The presentation of the fetus, the size, mobility, progress, and landmarks of the presenting parts, are precisely determined. The position of the fetus may be determined at an earlier stage by rectal examination than by the vagina.

CRISAFI, DOMENICO, PATHOGENY OF NIGHT TERRORS.—(*La Pediatria.*) Pavor nocturnus is never a symptom of other diseases, but is a morbid entity belonging to the group of functional neuroses. So-called symptomatic favor should not be recognized as such. If a child tosses and jerks in its sleep, grits its teeth and contorts its face, finally waking up in a condition of fright, we have a state of affairs which can be explained readily by reflex action, depending upon indigestion, worms or some similar cause, and from which anyone might suffer under certain circumstances. It would be proper, however, to term these phenomena *pavoriform* or *parapavoric* attacks.

True pavor is a very different affair, consisting of paroxysms, which may persist for half an hour or even a full hour, and are character-

ized by terrifying hallucinations. At the close of these attacks spastic urine is voided and there is more or less amnesia in regard to the seizure. A peculiarity which often accompanies the hallucinatory objects (dogs, cats, etc.) is that the latter are spoken of as black.

Pavor nocturnus is more than a simple nightmare; for it is common to see children thus afflicted wake promptly and call for their parents. The child with true pavor is not conscious, even although he may reply at times to interrogations. He does not recall the hallucinations which he describes at the time of their occurrence.

Dubief and Rabot: Tuberculous Meningitis in an Infant Aged Two Months and Twenty Days.—(*Rev. Mens. des Mal. de l'Enf.*) The child was born of syphilitic parents, but had no signs of syphilis himself. The illness began with constipation and this was followed by diarrhea. Convulsions were repeated and general, opisthotonos, irregular pulse, Cheyne-Stokes respiration and coma were marked. Death occurred five days after the convulsions and other cerebral symptoms began. At the autopsy a well-marked tuberculous meningitis was found over the base and lateral surface of the cerebrum, also over the medulla and upper end of the spinal cord. The cervical and bronchial lymph nodes were cheesy. Both lungs were studded with tubercles, and some were found in the pleura, liver, spleen and left kidney.

As usual, in the case of tuberculous meningitis, the infection took place through the tracheo-bronchial lymph nodes. But one case is recorded (by Weigert) in which the nasal cavity served as the point of entrance for the infection in this disease. While it is most common between the ages of three and six years, it is not infrequently seen in the second year. But during the first three months of life it is rare, and the child's lack of resistance, due to its syphilitic and alcoholic parentage, undoubtedly favored the development of the tuberculosis.

Diagnosis of Congenital Dislocation of Hip.—It has been shown that many children are born not with the hips already dislocated, but with a decided anatomical tendency toward dislocation, as is shown by changes in the contours of the acetabulum and the head of the femur, as well as in the relation of the two to each other. It is extremely difficult to make the diagnosis in the newly born, and the average physician does not possess a Roentgen apparatus to aid him. P. Bade (*Münch. Med. Woch*), draws attention to several folds whose course varies in dislocation. One of these runs downward and inward between the quadriceps extensor and the abductors; another is situated somewhat lower and begins nearer to the median line. In normal thighs both sets of folds are situated equally high, and the abductor folds meet on the inner sides of the thighs, but there is a distinct symmetry where there is only a disposition to luxation. By carefully observing these lines the diagnosis can be made very early and treatment begun before the children walk.—*Archives of Pedriatrics.*

Treatment of Extrauterine Pregnancy with Viable Fetus.—The chief case upon which F. Möbius (Monats. fur Geb. u. Gyn.) bases his paper was an ectopic gestation operated upon at the thirty sixth week and the child saved. It died three weeks later of gastroenteritis. Serious hemorrhage occurred when the sac was opened, and especially when placenta separation was attempted. To check this the blood vessels of the right side were ligated. The ureter was included and a uretero-abdominal fistula resulted. Three months after the interruption of pregnancy nephrectomy was necessary on account of multiple abscesses of the kidney and pyelitis. The patient recovered. When the child is living and viable Möbius would operate between the thirty-fourth and thirty-sixth weeks of pregnancy, keeping the mother under careful observation. He would leave the placenta, marsupialize the sac, and tampon the opening. In the case reported the corpus luteum was found in the left ovary, the left tube was closed, and the pregnant tube was on the right side.

Treatment of Pregnancy Complicated by Uterine Cancer.—Wagner (Monats. fur Geb. u. Gyn.) describes a case of pregnancy of the carcinomatous uterus in which the latter was removed without difficulty, at the fifth month, by the vaginal route and without opening the membranes. After a part of the uterus had been drawn down, firm pressure upon the fundus drove the liquor amnii into that portion and permitted the rest to be extracted. As soon as carcinoma of the uterus is diagnosed, Wagner would operate, not waiting even if almost at term. Unless contraindicated, the vaginal route should be followed at any month. From the first to the fourth month the uterus should be removed, unemptied. In the fifth and sixth it may be necessary to rupture the membranes in order to reduce the volume. As soon as the child is viable, vaginal Cesarean section should be employed. Abdominal Cesarean section and abdominal or combined total hysterectomy are reserved for special cases.—*American Journal of Obstetrics.*

Hydrostatic Test of Fetal Lungs.—As a proof of the unreliability of the hydrostatic test in determining whether an apparently stillborn fetus has breathed, F. Hitschmann and O. T. Lindenthal (Arch. fur Gyn.) record the pathological and bacteriological finding of a case. In this the presence of sufficient gas to cause the lungs to float was shown to be due to the presence of a gas-producing anærobic bacillus. The writers hold that in order to make the test of value the absence of such bacilli must be proven.—*Amer. Journal of Obstetrics.*

Localized Uterine Contraction Simulating Fibroma.—F. Ahlfeld (Zeit. fur Geb. und Gyn.) describes a case of supposed fibroma of the pregnant uterus. The woman died from hemorrhage caused by placenta previa, and the autopsy showed absence of the tumor which had apparently been present a few days before. The phenomenon is explained as being due to localized contraction of the uterine wall.—*Amer. Journal of Obstetrics.*

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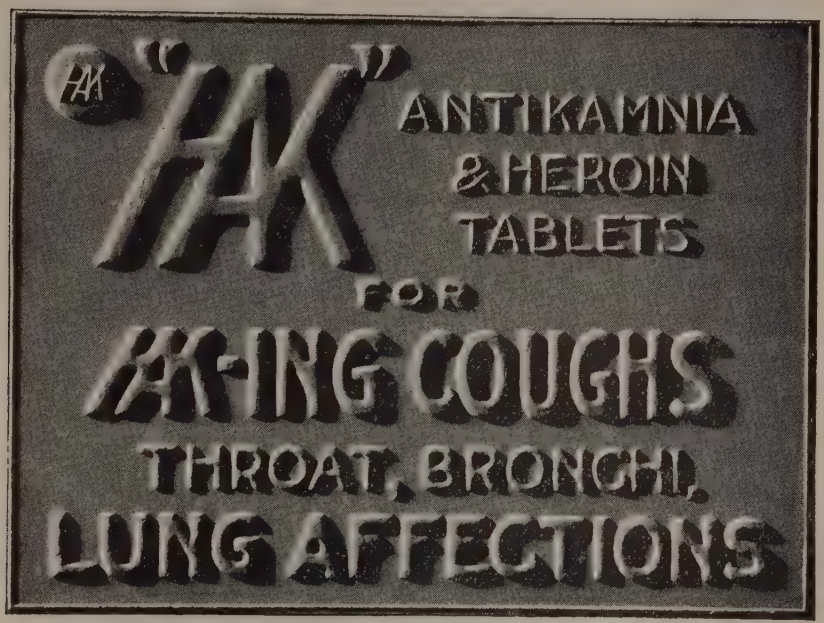
THE TREATMENT OF BRONCHITIS AND COUGHS IN GENERAL.

By I. N. LOVE, M. D.

Bronchitis is an ever present danger to children and to adults also. Some observers have taken the position that bronchitis is due to a special germ; its port of entry being the air passages, and that the resulting disturbance is but an incident. The majority of us, I believe, will admit, however, that bronchitis as a rule is occasioned by simply "taking cold." The conditions favorable are constipated habit, improper diet, disturbed digestion, perverted secretions and exposure to cold, resulting in chilling of the surfaces. As a consequence of this combination, we may have bronchitis or, in fact, a catarrhal condition of any one or all of the mucous membranes of the body. Were it not a bronchitis it might be a laryngitis, a rhinitis, a gastritis, an enteritis, a nephritis, a cystitis, or, in fact, we might have all of them combined in the same case. In any marked degree, we could not have our case long.

However many germs there may be floating in the medium which surrounds us, the conditions just mentioned are ample in themselves to produce serious disease, and are the direct cause in most instances. Possibly were it not for the condition of the system developed which I have just mentioned, the human organism might be able to resist the attacks of most germs; at all events, these conditions furnish a standing invitation to any and all germs, whether they be the Klebs-Loeffler bacillus, the germ of Friedlander, Eberth or others which have not yet been named.

In the therapeutics of bronchitis, we must bear in mind that the cause in the majority of instances has been chilling of the surfaces, a disturbance of the circulation, a stasis in various parts of the body, chiefly in the bronchial mucous membranes. We must not ignore the general torpor of the glandular outfit. Having interrogated all the vital organs and investigated every point, in the majority of instances, we can safely purge our patient. We should not be satisfied with the statement given by the attendant that the bowels were moved to-day or yesterday well. Even though a diarrhea be present, as it frequently is, produced by the same cause as produced the bronchitis, we are safe in flushing out the alimentary canal—clearing the decks for action. Fermentative material, irritative matters and accumulative ptomaines, will thus be gotten rid of, and to this end a reasonably brisk calomel purge, followed by castor oil or something pleasanter, solution of citrate of magnesia, etc., will be in order.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In the initiatory stage of the attack of bronchitis, the temperature must be watched. If very high, cold baths are demanded to reduce the temperature within proper limits. I am not of those who believe that fever is conservative and pyhsiologic and may be ignored, no matter what its cause may be. Too high a temperature is dangerous, whether the patient has typhoid fever, pneumonia or bronchitis. A temperature of 105 degrees in a case of bronchitis should be reduced the same as in other conditions, because the nerve centers are in danger. We need not disturb ourselves about a temperature which is not higher than 102 degrees, although it should be carefully guarded.

We must bear in mind that in bronchitis in children, however limited the surface involved, we may soon have a very pronounced aggravation of our case, extensive inflammation by continuity of surface, even to the point of a capillary bronchitis or one step farther, to a catarrhal pneumonia. It should be our effort to encourage secretion on the part of the inflamed mucous surface, and expectoration. In children, particularly in infants, here is our chief difficulty; their inability to expectorate. A very slight cold with the resulting bronchial catarrh, in a babe, is a serious, dangerous condition, and that which in one would be simple and readily thrown off, in another may soon result fatally. The mucous secreted is retained. The inflammation extends downward into the smaller bronchial tubes; extension goes on and our little one practically drowns from within A free emetic will save a life. Indeed, prompt measures are essential to the proper management of bronchitis in children, and in fact this should be the rule in adults also, for no doubt the sensitive mucous membrane present in a light case of bronchitis, invites the germs of pneumonia, diphtheria and other diseases.

Stimulation at the proper time is important.

Another important step is the securing of rest, and bearing in mind that we must not check secretion, this must be obtained at all hazards. In the obtaining of rest nothing is more important than the relief of an annoying and irritating cough. This is not only so in bronchitis, but in the cough of phthisis and pneumonia as well. Oftentimes a patient will be almost exhausted from a constant nagging cough which could have been promptly relieved by a proper soothing mixture, and in the selection of a remedy for this proposition we must be very careful.

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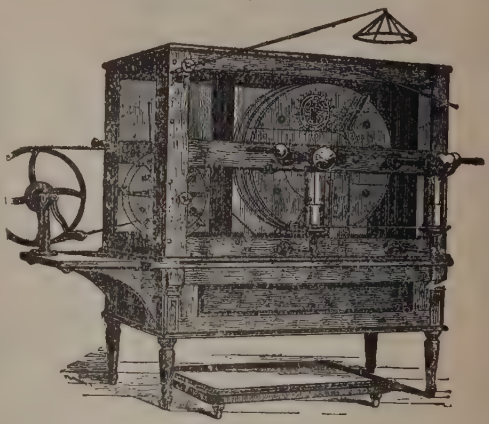

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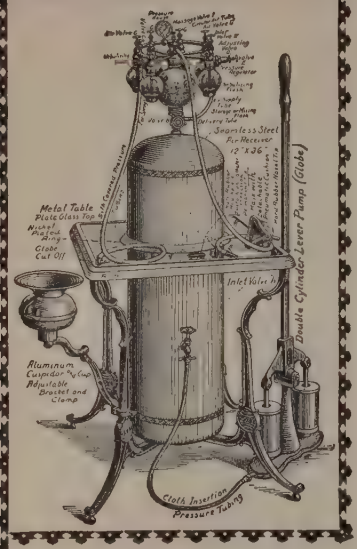

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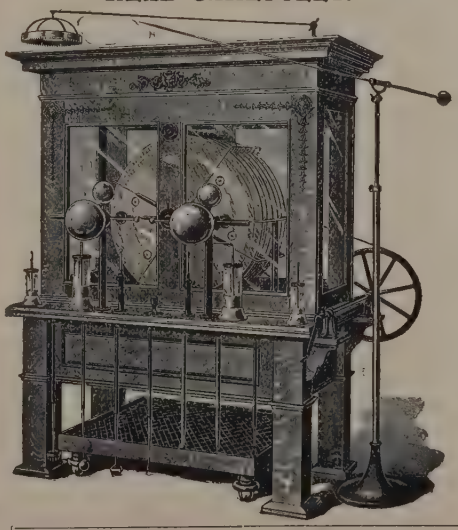

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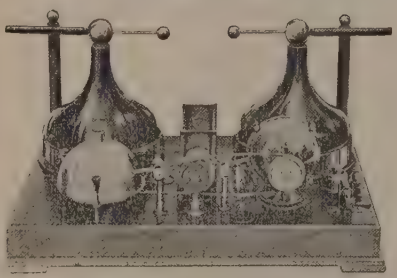

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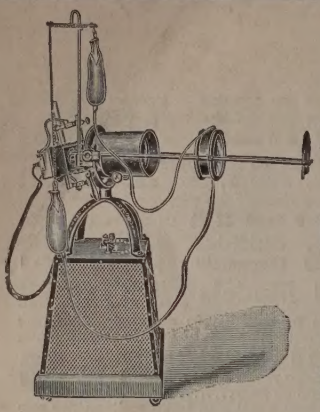

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